

Our Agency's Motto:

Do all the Good you can,
by all the means you can,
in all the ways you can,
in all the times you can,
to all the people you can,
as long as ever you can.

-John Wesley

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Warren County Health Services is
pleased to present the Annual Report for the Year 2014

VISION:

Healthy People in Healthy Communities

MISSION:

Promote Physical and Mental Health and Prevent Disease, Injury, and Disability
Maximize the Health Potential of all Residents in Warren County

Working together and committed to excellence, we protect, promote, and provide for
the health of our citizens through prevention, science, services, collaboration,
and the assurance of quality health care delivery.

GOALS:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality provision and accessibility of Health Services in the home and in the community

WARREN COUNTY HEALTH SERVICES TEAM

Warren County communities remain fortunate to have the expertise of our staff. The quality of our Health Care Services is a direct reflection of continual commitment, dedication, care, and knowledge coupled with the excellent team efforts of the following individuals:

Marietta Anderson	Dan Durkee	Janel Martinez	Toni Roth
Robin Andre	Sara Farnsworth	Erik Mastrianni	Laura Saffer
Jeannette Arends	Nedra Frasier	Kathy McGowin	Lisa Saville
Glenda Armstrong	Cheryl Fuller	Crystal McKinney	Margaret Sawyer
Shauna Baker	Nancy Getz	Angela Meade	Anni Stewart
Jackie Barney	Diana Gillis	Jackie Merritt	Sharon Schaldone
Patricia Belden	Mary Lee Godfrey	Barbara Moehringer	Pamela Silva
Cheryl Bellizzi-Sharon	Dana Hall	Lisa Morton	Melody Smith
Craig Briggs	Meg Haskell	Dorothy Muessig	Helen Stern
Debbie Burke	Alissa Hay	Jackie Mulcahy	Gillian Tingley
Gwen Cameron	Mary Hayward	Mary Murphy	Debbie Toolan
Georgene Carpenter	Shannon Houlihan	Patty Myhrberg	Linda Walker
Kerri Carpenter	Ginelle Jones	Maureen O'Brien	Sandy Watson
Jamie Clute	Elaine Kane	Bethany Paquette	Valerie Whisenant
Donna Cooke	Barbara Karge	Nancy Parsons	Diedre Winslow
April Cosey	Sue Kerr	Diane Pfeil	Stacy Woodcock
Tara Cote	Emily LaLone	Kristen Phinney	
Vanessa Dacey	Mary Lamkins	Stella Racicot	
Diane Decesare	Maureen Linehan	Jennifer Rainville	
Tammie DeLorenzo	Ashley Long	Cassandra Rausch	
Tawn Driscoll	Danielle Martin	Lynne Rodriguez	
Cathy Dufour			

I am honored to be their colleague ~ *Pat Quier*

HEALTH SERVICES COMMITTEE

Warren County Health Services is governed by the Board of Supervisors who are the legislative body for the county. These individuals constitute the Board of Health according to Chapter 55 of the New York State Public Health Law. The board is responsible for the management, operation, and evaluation of the Health Services Agency.

The Board of Supervisors is charged to perform the following overall functions:

- To appoint a Director of Public Health and Early Intervention Official and a Director of Home Care to provide day to day management of programs
- To provide for the proper control of all assets and funds and to adopt the agency's budget and annual audits
- To enter into contracts with individuals and/or facilities to allow for services or reimbursement mechanisms as needed
- To ensure compliance with all applicable federal, state, and local statutes, rules, and regulations

A subcommittee of the full Warren County Board of Supervisors constitutes the Health Services Committee and advises the full Board of Supervisors regarding Health Services concerns. We appreciate the support of the following county supervisors:

Warren County Board of Supervisors
Health Services Committee Members

Matthew Sokol, Chairman, Queensbury

Ronald Conover, Bolton

Edna Frasier, Hague

Peter McDevitt, Glens Falls

Harold Taylor, Glens Falls

WARREN COUNTY HEALTH SERVICES 2014 ANNUAL REPORT

PURPOSE OF REPORT: This comprehensive Health Services Annual Report is intended to provide an opportunity for the Warren County Board of Supervisors to annually review and evaluate the various Health Services Programs as measured by statistical documentation of the services provided. The report further serves to demonstrate a public record of accountability for the various program areas.

It may also serve as a resource document to:

- provide public record of individual program statistical outcomes and specific program explanations
- display trend information
- motivate change
- provide measures for comparisons

LIMITATIONS OF THE REPORT: While the data contained in this document can serve as a useful resource for discussion regarding specific program areas, those who review this report should be aware of its limitations. There are, for example, many intended standards for care provision that are not measured by statistical information. Among such standards are staff attitudes, which have resulted in the development of these goals.

- Each staff person will continually demonstrate the knowledge, understanding, and appreciation for the program team in which they participate, and will continually develop the skills to express their personal talents.
- Each staff person will respect and practice basic civil values and utilize the skills, knowledge, understanding, and attitudes necessary to provide health and educational services to the community.
- Each staff person will maintain the ability to understand and respect people of different race, sex, ability, cultural heritage, national origin, religion; and political, economic and social background; and their values, beliefs, and attitudes.
- Each staff person will continually develop their general career skills, attitudes, and work habits to promote ongoing self assessment and job satisfaction.

In each of these goals, staff attitudes are critical and directly translate into the quality of services provided to the residents of Warren County.

PROFESSIONAL ADVISORY COMMITTEE

The Professional Advisory Committee is a collaborative committee that meets quarterly to review pertinent concerns regarding current Health Services issues. Membership is composed of a cross section of professional disciplines that routinely interface with Health Services initiatives. Specific program updates are provided at these meetings and consensual advice from members is obtained when needed in this forum.

Kathy Anderson, Dir. Of Dialysis Center & Vascular Infusion Center, GFH

Patricia Auer, Director of Health Services

Patricia Belden PHN, Communicable Disease Program, Health Services

Stephen Bassin, D. P. T.

Tammie DeLorenzo, Clinical Fiscal Informatics Coordinator

Tawn Driscoll, Financial Manager, Health Services

Joseph Dufour, FNP Irongate Family Practice

Dan Durkee, Health Educator, Health Services

Joan Grishkot, Community Member and Retired Director of Warren County Health Services

Ginelle Jones FNP, Assistant Director Public Health

Mary Lamkins, Supervising Nurse, Health Services

Daniel Larson MD, Public Health Medical Director

Richard Leach MD, Medical Consultant for Infectious Diseases

Richard Mason, Community Member, former Glens Falls City Supervisor

Kendra Raymond, Westmount Health Facility

John Rugge MD, Health Services Medical Director

Christie Sabo, Director Warren Hamilton Counties Office for the Aging

Julie Smith, Director Patient Services, Greater ADK Home Health Aides

Sharon Schaldone, Assistant Director Patient Services

Helen Stern, Immunization Program Coordinator, Health Services

FACTS, FIGURES, AND TRENDS FOR HOME CARE & PUBLIC HEALTH

HEALTH SERVICES STAFFING

Number of Staff Involved with Health Services in 2014: 129

57 Full Time
11 Part Time
15 Per Diem
46 Contractual

Administrative Staff: 8 (all FT employees, all non-bargaining)

1 Director of Public Health/Patient Services, also acts as EI Official
1 Assistant Director of Public Health
1 Assistant Director of Patient Services
1 Clinical Fiscal Informatics Coordinator
1 Fiscal Manager
3 Supervising Public Health Nurses

Nursing Staff

9 Full Time Public Health Nurses (Grade 21)
1 Part Time Public Health Nurses
14 Full Time Community Health Nurses (Grade 20)
1 Full Time Registered Nurse (Grade 19)
4 Full Time Registered Nurse II (Grade 20)
3 Full Time Nurse Technicians (LPNs) (Grade 9)

Per Diem Nurses

5 Public Health Nurses
6 Community Health Nurses
3 Registered Nurses

Other Professional Staff

1 Full Time Senior Public Health Educator/Emergency Preparedness Coordinator (Grade 18)
1 Full Time Senior EI/Preschool Service Coordinator (Grade 19)
2 Part Time EI/Preschool Service Coordinators (Grade 18)
1 Per Diem Early Intervention/Preschool Service Coordinator
1 Part Time Public Health Liaison for Emergency Preparedness

WIC (Women, Infant, and Children's Nutrition) Program

1 Full Time WIC Program Coordinator (non bargaining)
1 Full Time WIC Nutrition Facilitator (Grade 16)
1 Full Time WIC Dietician (Grade 16)
1 Full Time Nutrition Aides (Grade 6)
2 Full Time WIC Assistant (Grade 5)
1 Full Time WIC Program Aide (Grade 3)
1 Part Time WIC Clerk (Grade 4)
1 Part Time Health Educator (Grade 14)

Clerical Support Staff

1 Part time Administrative Assistant (Grade 8)
1 Full Time Principal Account Clerk (Grade 10)
2 Full Time Senior Account Clerks (Grade 7)
2 Full Time Account Clerks (Grade 4)
1 Full Time Medical Records Clerk (Grade 5)
3 Full Time Senior Clerks (Grade 4)
1 Full Time Principal Clerk (Grade 7)

Contractual Therapists

18 Physical Therapists
2 Physical Therapy Assistants
6 Occupational Therapists
13 Speech Therapists
2 Medical Social Workers
1 Dietician

Contractual Medical Directors

1 Medical Director for Public Health Programs
1 Medical Director for Infectious Disease
1 Medical Director for Children With Special Health Care Needs
1 Medical Director for Home Care/High Technology Services

Medical Consultants are needed per NYSDOH regulations for the operation of our Diagnostic and Treatment Center, Certified Home Health Agency, and the Tuberculosis Program. Peter Hughes MD provides physician coverage for the weekly Sexually Transmitted Disease clinics. The costs for the clinics are divided between Warren and Washington Counties at 50% by each county. Glens Falls Animal Hospital veterinarians and animal handlers provide staffing for Rabies clinics and prepare animal specimens for rabies testing as needed. They receive reimbursement per contractual basis.

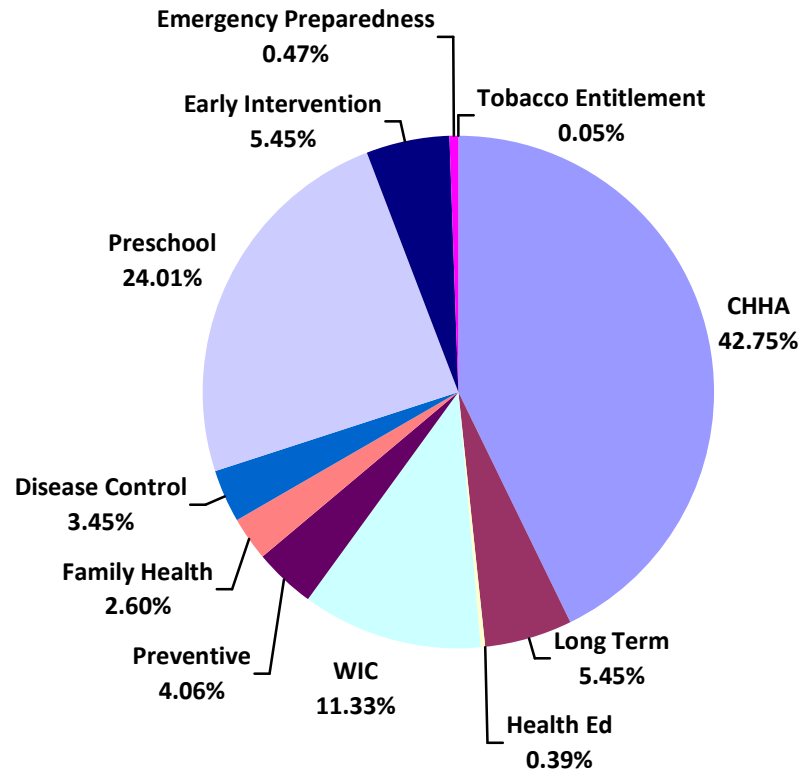
BUSINESS ASSOCIATES CONTRACTED IN 2014 FOR THERAPY SERVICES

Juliet Aldrich ST
Natalie Barber PT
Stephen Bassin PT
Barbara Beaulac PT
Heidi Bohne ST
Diana Burns PT
Sara Bush ST
Beth Callahan PT
Nancy Carroll MSW
Deborah Clynes ST
Teresa Costin OT
Theresa Dicroce PTA
Stacie DiMezza ST
Linda Donnaruma OT
Colleen Dowing PT
Melissa Dunbar ST
Gary Endal OT
Kathleen Frase PT
Stacey Frasier OT
Robert Gautreau PT
Debora Gecewicz ST

Stephanie Gulbandsen RD
Lisa Grabee PT
Dorothy Grover PT
Cheryl Hoffis ST
Denise Jackson PT
Cathy Joss PT
Ellen Kirker PT
Melissa Kenison-Rose OT
Linda LeBlanc ST
Mindy LaVine ST
Christine McGlaufflin ST
Rita Lombardo-Navatka MSW
Marie McGowan ST
Catherine Meehan PT
Sara Nelson ST
Anne Paolano PT
Donna Reynolds OT
Kim Rivers PT
Jen Whalen PTA
Adam Willis PT
Nicole Willis PT

Health Services staff consider these people to be dedicated professionals – thanks for a job well done!

2014 Expenditures by Program



Total Expenditures: \$10,984,196.05

*Mandated programs account for 32.91% of total actual expenditures. (They are the Preschool, Early Intervention, and Disease Programs)

Source: Budget Performance Report as of 12/31/2014

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2014

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4013, 4016, 4018, 4054, 4189,

EXPENSES	2014 BUDGETED	2014 YTD ACTUAL	2013 Prior Year Totals
Salaries - Regular	\$2,821,977.00	\$2,814,172.31	\$2,808,026.17
Salaries - Overtime	\$139,400.00	\$130,843.90	\$159,087.21
Salaries - Part Time	\$303,068.00	\$262,705.45	\$246,611.85
100's PERSONAL SERVICES	\$3,264,445.00	\$3,207,721.66	\$3,213,725.23
200's EQUIPMENT	\$138,374.87	\$130,183.64	\$214,683.50
400's CONTRACTUAL	\$7,475,362.83	\$5,844,841.39	\$6,142,894.90
800's EMPLOYEE BENEFITS	\$1,848,394.00	\$1,801,449.36	\$1,750,798.31
TOTALS	\$12,726,576.70	\$10,984,196.05	\$11,322,101.94

REVENUES	2014 BUDGETED	2014 YTD ACTUAL	2013 Prior Year Totals
	\$10,360,220.83	\$8,776,039.68	\$9,280,158.89

Note: In 2014, WCHS net effect to the county came in under the total budget by \$158,199.50 or 6.68%.

- * Salaries were down 1.74% while Employee Benefits were down by 2.54%. All salaries along with employee benefits were below budget. Part time salaries however, were above 2013 totals due to the increase use of Per Diem nursing staff throughout the year. Also Overtime salaries were below both 2014 budget and 2013 actual. By utilizing more per diem staff, overtime was kept to a minimum.
- * Contractual expenses were down 21.81% from budget in 2014. Within the Early Intervention program, the State has created an EI Escrow account, and all related expenses are paid from there after Insurance and Medicaid have paid the vendors directly, therefore less expense to the county. Our Preschool expenses are also down as less children are referred to tuition based programs. It is different each year as to the scope of services needed for each child making it difficult to forecast for budget purposes annually. Within our Certified Home Care and Long Term Care Divisions, we were also down in contractual services needed for patient care throughout the year.

WARREN COUNTY POPULATION

Source: NYSDOH Statistical Data

BIRTHS AND DEATHS IN WARREN COUNTY

STATISTICAL INFORMATION COMPARISON TRENDS

	2010	2011	2012	2013	2014
Births	600	598	577	602	556
Deaths	578	572	596	631	601

Warren County Public Health Emergency Response Planning

The goal of Warren County Health Services Emergency Response Planning is to develop an Emergency Response Plan that incorporates an all hazards approach that can be quickly adapted and utilized to mitigate the impact and hasten recovery from emergencies regardless of size or cause (natural or man-made). The information included in this annual report is a snapshot of the progress Warren County Health Services has made in Emergency Response planning and some of the strengths, weaknesses and barriers observed through the planning process.

2014 Emergency Response Planning Program Staff

- 1 Senior Health Educator/Emergency Response Coordinator (24 hrs/wk allotted to BT, 20 hrs to Health Education)
- 1 Part-time Public Health Liaison (14 hrs/wk)

Funding Support

Warren County's current Emergency Preparedness Grant goes from July 1, 2012 through June 30, 2017 and will provide the program with \$53,500/year. This funding will be utilized to cover staffing to complete the required deliverables. In 2014 Warren County eliminated one part-time EPR position because of insufficient funds. This reduction eliminated a volunteer coordinator (responsible for maintaining ServNY a NYSDOH mandated part of EPR) who also coordinated the respiratory protection program. These duties have now been shifted onto remaining staff, which is already finding it difficult to keep up with required EPR mandates from NYSDOH.

Meeting New York State and Federal Mandates

Currently Warren County Health Services in cooperation with local partners has completed and updates annually (or as needed) the following plans as required by State and/or Federal agencies

- Public Health Emergency Preparedness and Response (PHEPR) Plan
- Pandemic Flu Plan
- Continuity of Operations Plan (COOP)
- Mass Fatality Plan
- Chempack Plan
- Isolation and Quarantine Plan
- Strategic National Stockpile (SNS) Plan
- Medical Countermeasures (MCM) Plan

- In October 2014 in response to an Ebola epidemic in West Africa, the acting Commissioner of the NYSDOH issued a Commissioner's order requiring all Article 28 health facilities, including local health departments to prepare for the possibility of an Ebola patient entering their facility. This order made the assumption that Warren County Public Health (and all local health departments) operates at the same level of care as a hospital. Because of this order Warren County Public Health was (still is as of April 2015) required to provide monthly training for staff that included proper screening of patients about travel history, how to properly don and doff personal protective equipment, functional drills to test plans and regular tabletop exercises to identify gaps in the planning process. No additional funding or support was provided (funding was received in Spring 2015, but couldn't be applied to costs already incurred by county health departments. Hospitals in contrast could use funds to cover costs previously incurred.) and no exception was made recognizing the difference between the care hospitals and public health departments provide. This added burden on top of the mandates already required by NYSDOH for EPR have created an overwhelming situation for the staff in charge of executing the mandates.

Networking/Planning Partnerships

- The Warren County Health Services Emergency Preparedness Planning Group continued to meet quarterly in 2014. Over 30 organizations and more than 80 people representing various roles, functions and interests with emergency response planning currently participate in or receive email updates from the quarterly meetings. Contact WCHS EPR program for a complete list of partners
- Warren County Health Services participated in 10 regional BT Coordinators meetings in 2014.
- Warren County Health Services continues to work to recruit volunteers into the ServNY program. However the loss of the volunteer coordinator has had an impact on those efforts.

Goal/Outlook –

- Emergency Preparedness continues to be an underfunded over mandated program. Warren County Public Health continues to meet the requirements of NYSDOH, but a lack of increased funding is making the task difficult.
- Ideally the Emergency Preparedness program should be staffed by a full time person, but until such time as funding becomes available, Warren County Public Health will work diligently to meet the ever growing deliverables thrust upon it with part-time staff.
- During 2014 it was made more apparent that NYSDOH was switching its EPR focus from planning efforts to operational readiness efforts. This shift will require more exercises, testing the real world applications of the EPR plans that have been developed by Warren County Public Health EPR staff. Unfortunately, this shift requires a huge increase in resources that current funding does not cover.
- Building capacity/redundancies with current PH staff needs to be a priority. General Public Health staff needs to be included in EPR trainings and activities and play a more active role in EPR related priorities.
- Current staffing levels leave Warren County Public Health without the necessary resources to ensure the ability to maintain essential public health functions during a large or sustained public health emergency while also providing the necessary response efforts to the emergency. Reliance on neighboring counties and community partners will be essential during a real world event.

Drills/Exercises

- Warren County Public Health EPR staff began planning efforts in response to the full-scale mass antibiotic dispensing exercise required by NYSDOH. This exercise is designed to test the operational readiness of Warren County Public Health to respond to a real world event. A planning committee was established, a date (3/12/15) was settled on, a site for the exercise chosen, and a site review completed. Also, a work plan was created for promotion of the exercise to encourage participation by the general public. The goal for the exercise is 500 participants to receive medications in a 2-hour window.
- Warren County Health Services continued to participate in monthly tabletop drills hosted by Glens Falls Hospital Emergency Management Committee. Tabletop drills included topics on weather related events, terrorist/active shooter events, chemical and biological incidents etc.
- Held a flu clinic for Warren County employees and tested the CDMS data system that would be used at Point of Dispensing for dispensing medications during a large scale biological emergency.

Goals/Outlook

- Strengthen and increase training/exercise opportunities for partner agencies and volunteers involved in Emergency Response in Warren County.
- Continue to meet all deliverables as provided by NYSDOH.
- Participate/include local partners in the planning, implementation and review of tabletop and full-scale exercises designed to test different aspects of ERP plans.

Concerns/Strengths/Outlook

Concerns

- Lack of funding
- Staffing reductions
- Increasing requirements/mandates
- Disconnect between State and Federal expectations and County level realities

Strengths

- Strong and resourceful local partnerships with 80+ EPR committee members
- Excellent communication and support from county agencies and other community partners
- Dedicated staff
- Strong working relationship with staff from the Warren County Office of Emergency Services and Glens Falls Hospital Emergency Management

Outlook

- Currently, Warren County Health Services is maintaining its EPR program. However, cuts or no increase in funding for the ERP program make it difficult for Warren County Health Services to meet its EPR obligations. Internally, staff from other programs is being utilized to assist EPR staff with required meetings, training/activities and to promote familiarity with planning efforts/ agency partners.
- The network of local partners that participate in planning, drilling and responding to emergencies remains strong. The local EPR planning group allows for effective communication and planning across a broad range of partnering agencies.



HOME CARE SERVICES

Philosophy: The primary focus of Home Care is the health of individuals and their families as they relate and interact in their community. Home Care recognizes the importance of psychosocial and physical wellness and attempts to correct the circumstances that interfere with the greatest degree of wellness that a person can achieve. Further, the agency respects the autonomy of the patient and family to make decisions and choices affecting their present and future health status.

Home Care is patient centered, outcome oriented, and dependent on a multi-disciplinary multi-agency collaboration.

Goals: As a Certified Home Health Agency, we shall provide skilled nursing services, physical, speech and occupational therapy, medical social services, nutrition, and home health aide services to patients within Warren County on an intermittent basis under the direction of a physician. The ultimate aim is to instruct and support the patient and/or family in self-care and disease management and to support care transition interventions to minimize avoidable complications. Our homecare Professionals provide health guidance to all ages so that individuals, families, and the community will be helped to achieve and maintain optimum health.

The agency participates in ongoing assessment of the community's health, social needs and resources. The agency shall participate in this ongoing assessment together with other providers and consumers of health care services in Warren County. They shall use this information to affect appropriate program planning under the direction of the Board of Supervisors acting as the Board of Health, with the assistance of the Professional Advisory Committee.

The agency will develop, implement and maintain comprehensive, case managed programs for persons who wish to be at home but who would otherwise require nursing home placement to meet their needs for care.

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM

QAPI

Warren County Health Services Division of Home Care is committed to providing quality health care to all of its clients. The process by which our client outcomes are monitored is through the Quality Assurance Performance Improvement Program (QAPI). The Quality Assurance team is the hub of our agency's QAPI process. The Quality Assurance team is led by the Assistant Director of Patient Services who collaborates with the administrative and clinical leadership to effectuate a successful and regulatory compliant program. The Quality Assurance team fosters a culture within the agency that promotes a daily commitment to continually improving quality of care for our clients. This team empowers clinical staff to build quality improvement processes into daily work activities.

The QA team is daily reviewing current Home Health Compare data, Process Measure data and OASIS C1 assessment data for accuracy. The implementation of the Agency's standards of care is continually monitored through our Chart Committee meetings. When the Chart Committee identifies a process as needing enhancing or revision the QA team will address. All personnel employed by our Division of Homecare play an integral part in our Quality Assurance Performance Improvement Program.

The following reports note our achievements comparing our Certified Home Health Agency (CHHA) to other CHHA's at the State and National levels.

The results of the agency's Quality Assurance Performance Improvement program for 2014 are as follows:

- **Home Health Compare Results/Process Measure Outcomes**
- **Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS):**

This survey is a Federal requirement for all CHHA's. The survey needs to be conducted by an outside independent agency that is certified by Centers for Medicare and Medicaid Services (CMS) to do the standardized survey. We have a contract with Strategic Health Plan (SHP) for this service. The survey has 3 Composite Measures:

1. Care of Patients
2. Communications Between Providers and Patients
3. Specific Care Issues: Home Safety Issues, Medications regarding schedule and side effects, and Pain



Real-Time Home Health Compare

Warren County Health Services

Unpublished Date Ranges Selected

Report Date: 5/6/2015

Managing Daily Activities				You			State (NY)		National		Your % Rank	
DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14				Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP
1	Improvement in Ambulation	★	○	43.4%	56 %	56.5%	63 %	66.6%	63 %	67.3%	34.3%	18.0%
2	Improvement in Bed Transferring	★	○	54.0%	66 %	64.4%	58 %	62.9%	59 %	62.8%	81.2%	73.3%
3	Improvement in Bathing	★	○	62.2%	65 %	65.1%	66 %	71.6%	68 %	71.4%	46.7%	30.8%
Managing Pain and Treating Symptoms				You			State (NY)		National		Your % Rank	
DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14				Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP
4	Pain Assessment Conducted		PM	99.9%	100 %		99 %	99.2%	99 %	99.1%	99.0%	76.6%
5	Pain Interventions		PM	100.0%	100 %		99 %	99.2%	98 %	98.6%	99.0%	99.0%
6	Improvement in Pain Interfering with Activity	★	○	58.8%	58 %	59.2%	69 %	68.9%	68 %	68.0%	28.8%	22.8%
7	Heart Failure Symp Addressed		PM	98.8%	99 %		98 %	98.6%	98 %	97.9%	49.0%	43.6%
8	Improvement in Dyspnea	★	○	55.9%	64 %	64.6%	68 %	68.9%	65 %	68.8%	50.6%	36.7%
Treating Wounds/Preventing Pressure Sores				You			State (NY)		National		Your % Rank	
DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14				Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP
9	Improvement in Status of Surgical Wounds		○	86.7%	93 %	92.4%	89 %	90.6%	89 %	88.5%	62.8%	59.7%
10	Pres Ulc Risk Assess Conducted		PM	99.9%	100 %		99 %	98.5%	99 %	99.2%	99.0%	73.9%
11	Pres Ulc Prevention in POC		PM	100.0%	100 %		99 %	98.3%	98 %	98.2%	99.0%	99.0%
12	Pres Ulc Prevention		PM	99.9%	100 %		97 %	97.2%	97 %	96.9%	99.0%	80.1%
Preventing Harm				You			State (NY)		National		Your % Rank	
DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14				Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP
13	Timely Initiation of Care	★	PM	95.9%	96 %		94 %	94.5%	92 %	92.1%	73.9%	66.0%
14	Drug Education All Meds	★	PM	95.2%	95 %		92 %	93.3%	93 %	93.2%	46.8%	42.8%
15	Improvement in Management of Oral Meds		○	45.7%	52 %	51.2%	53 %	62.3%	53 %	57.6%	59.0%	38.9%
16	Fall Risk Assessment Conducted		PM	99.8%	100 %		98 %	99.1%	98 %	98.7%	99.0%	52.4%
17	Depression Assessment Conducted		PM	100.0%	100 %		98 %	98.3%	98 %	98.2%	99.0%	99.0%
18	Flu Vaccine Received - Current Season	★	PM	79.3%	79 %		67 %	74.1%	73 %	75.0%	61.3%	58.4%
19	PPV Received - Ever		PM	83.1%	83 %		62 %	72.5%	73 %	75.3%	66.5%	62.7%
20	Diabetic Foot Care & Education		PM	99.4%	99 %		96 %	96.3%	95 %	95.1%	72.8%	83.2%
Preventing Unplanned Hospital Care				You			State (NY)		National		Your % Rank	
SOC - You/SHP: 1/14 - 12/14 CMS EC: 10/13 - 9/14 CMS Hosp: 10/13 - 9/14				Actual	CMS	Projected	CMS	SHP	CMS	SHP	CMS	SHP
Note: In this section, lower scores are better.												
21	60-Day Emergent Care without Hospitalizations		○		12 %		10 %		12 %		53.7%	
22	60-Day Hospitalizations	★	○	14.1%	17 %	16.7%	16 %	13.7%	16 %	14.9%	35.7%	38.8%
HHCAHPS				You			State (NY)		National		Your % Rank	
Sample Months - You/SHP: 1/14 - 12/14 CMS: 10/13 - 9/14				Actual	CMS		CMS	SHP	CMS	SHP	CMS	SHP
23	Composite 1: Care of Patients			94.3%	92 %		84 %	87.0%	88 %	88.9%	80.4%	92.8%
24	Composite 2: Communications			92.6%	91 %		82 %	84.8%	85 %	86.1%	87.3%	93.6%
25	Composite 3: Specific Care Issues			85.4%	84 %		81 %	85.0%	84 %	85.6%	51.0%	46.7%
26	Universal 1: % who Rated Agency 9 or 10			93.5%	91 %		78 %	80.9%	84 %	83.4%	84.5%	93.3%
27	Universal 2: % who would Recommend Agency			91.1%	90 %		73 %	76.5%	79 %	79.4%	90.1%	94.3%

★ Measure used in [Home Health Compare Star Ratings](#)

○ Outcome Measure

PM Process Measure (not subject to risk adjustment)

Note, hyphens indicate data not available.

Italicized scores are CMS closest match.

Your % Rank - Ranks your actual (risk adjusted/projected where applicable) against the CMS and SHP populations.

Additional report info: https://secure.shpdata.com/download/shpuniversity/documents/report_user_guides/Home-Health-Compare-2013-User-Guide.pdf

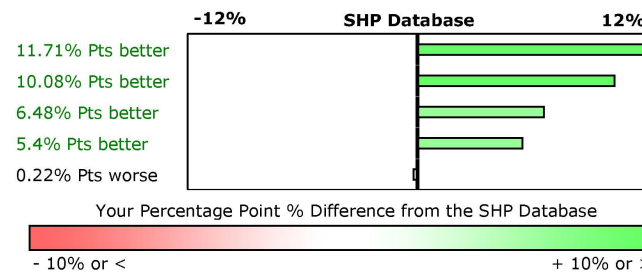
Your Percentile Ranking (Click to view reference percentiles)						
<10%	10% - 20%	20% - 40%	40% - 60%	60% - 80%	80% - 90%	>90%



Total completed surveys returned: 371		You	SHP Database
Composite Measures			
C1. Care of Patients			
Percent of patients who reported that their Home Health provider "Always" was informed and treated them gently and with respect and that there were "No" problems with the care.		94%	89%
Providers			
C2. Communications Between Providers and Patients			
Percent of patients who reported that their Home Health provider "Always" communicated well and promptly.		93%	86%
Providers			
C3. Specific Care Issues			
Percent of patients who reported that their Home Health provider handled specific care issues correctly.		85%	86%
Providers			
Universal Measures			
U1.	Percent of patients who gave their HH Agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	93%	83%
Providers			
U2.	Percent of patients who reported YES, they would definitely recommend the Home Health Agency	91%	79%
Providers			

Percentage Point Difference from the SHP Database

U2 % who would recommend the HH Agency
U1 % who gave their HH Agency a rating of 9 or 10
C2 Communications Between Providers and Patients
C1 Care of Patients
C3 Specific Care Issues



[View Details Of additional measures not included in composite/universal groups](#)

UTILIZATION REVIEW

2014 Overview of the Utilization Review Committee

The Utilization Review Committee of Warren County Health Services held quarterly meetings during the year 2014. The meetings were held March 26th, June 19th, September 25th and December 4th. The regulatory requirement for Utilization Review is 10% of the agency's active patient number at the end of the previous year.

The numbers of patient records reviewed were 11, 13, 13, and 11 respectively, giving a total of 48 patient records reviewed during the year 2014.

The number of patients on the active roster on the last working day of 2014 was 363, with a breakdown as follows: CHHA – 296 (SN-180, PT/OT-19, and EI/CPSE-97); LTC – 25 and PCA – 42.

Members of the committee are:

Sharon Schaldone, ADPS
Mary Lee Godfrey, CSN
Mary Lamkins, LTC Coordinator
Valerie Whisenant, CSN
Cathy DuFour, PHN, QIA, Certified Coder
Maureen Linehan, RN, QIA
Lynne Rodriguez, RN, QIA, COS-C
Staff Nurses
Physical Therapy Contractor
Occupational Therapy Contractor

Breakdown of Charts Reviewed:

Number Active	38	Number CHHA	44
Number Discharged	10	Number LTC	4

Method of Record Selection: For all meetings during the year 2014, the records chosen were a random selection of patients admitted 3-4 months prior to each meeting. The random selected patients covered all services provided by the agency: SN, PT, OT, MSW, HHA, PCA, IV Therapy, and Telehealth.

Summary of Utilization of Services:

Adequate Utilization	40
Overutilization	2
Underutilization	5
Inadequate Information	1
Unable to Decide	0

Two records reviewed indicated that there was an overutilization of therapy services – one with physical therapy and the therapist was counseled about the need to follow the ordered frequency of visits and if changes were made, the physician needs to be notified. The other involved occupational therapy in which the therapist had a difficult time scheduling visits due to MD appointments, question need to integrate visits with community services and discharge at a sooner date.

Five records reviewed indicated that there was an underutilization of available services. Two cases involved showed that a PT referral was requested but no evaluation was completed. Corrections will be made in the documentation to clarify the fact that the evaluation was declined by the patient/family. In one case, the HHA admission was not completed in the correct activity so the information was not available to the reviewer and the verbal order was not completed. Reviewer felt that there was one case that required more in depth SN case management and a referral for MSW services for coping strategies. The last case showed that the SN documentation on the care plan lacks COPD goals or interventions and the SN discharge summary needs to be more defined or detailed with information on the patient's physical status at the time of discharge.

The reviewer felt that there was one case where the information was inadequate – this involved a case that no PT referral had been requested and the reviewer felt this should have been done. Discussion with the primary RN, showed that the patient had had PT in the past and it was not needed at the time of this admission; information in the electronic record to be updated.

CERTIFIED HEALTH CARE AGENCY and LONG TERM HOME HEALTH CARE PROGRAM

SERVICES BY THE NUMBERS

Certified Home Health Agency

VISITS BY DISCIPLINE

Services	2013	2014	2014/2013 % (+ or -)
Nursing	16,678	16,265	-2%
Physical Therapy	6,958	6,864	-1%
Occupational Therapy	579	490	-15%
Speech Therapy	38	112	195%
Medical Social Worker	73	108	48%
Nutrition	19	5	-74%
Home Health Aide	3,243	4,672	44%
TOTALS	27,588	28,516	3%

Long Term Home Health Care Program

Visits by Discipline

Services	2013	2014	2014/2013 % (+ or -)
Nursing	2,166	1,517	-30%
Physical Therapy	904	757	-15%
Occupational Therapy	165	54	-67%
Speech Therapy	0	4	0%
Medical Social Worker	45	35	-22%
Nutrition	0	0	0%
Home Health Aide	2,202	1,479	-33%
Personal Care Aide	7,056	5,712	-19%
Respiratory Therapy	31	2	-94%
TOTALS	12,569	9,570	-24%

CERTIFIED HOME HEALTH AGENCY PERFORMANCE STATISTICS

2014 Visits by Town

Town	Total Visits	%
Adirondack	329	.086
Athol	416	1.09
Bakers Mills	117	0.31
Bolton Landing	563	1.48
Brant Lake	520	1.37
Chestertown	1,269	3.33
Cleverdale	17	0.04
Diamond Point	272	0.71
Glens Falls	8,116	21.31
Hague	714	1.87
Johnsburg	1,133	2.97
Lake George	2,653	6.97
Lake Luzerne	626	1.64
North Creek	2,626	6.89
North River	112	0.29
Olmstedville	29	0.08
Pottersville	377	0.99
Queensbury	13,224	34.72
Stony Creek	427	1.12
Warrensburg	4,497	11.81
Wevertown	37	0.10
Grand Total	38,086	

REFERRAL NUMBER REPORT

Warren County Health Services Patient Evaluations CHHA Division

CATEGORY	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013
SN eval	156	115	135	128	146	101	151	135	126	141	113	145
SN IV eval	9	4	0	6	12	5	4	6	7	5	7	10
CDPAP	11	8	9	10	9	8	7	11	7	6	12	16
PRI	13	4	8	12	14	11	13	14	8	14	7	2
SN Evals per month	189	131	152	156	181	125	175	166	148.00	166.00	139.00	163.00
PT evals	103	88	75	84	81	61	96	95	83	104	76	80
PT only	22	7	20	23	37	24	37	28	21	30	18	19
PT only evals per mo	22	7	20	23	37	24	37	28	21	30	18	19
Total Evals per month	211	138	172	179	218	149	212	194	169	196	157	183

TOTAL EVALS= 2178

CATEGORY	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014
SN eval	127	110	132	114	139	85	116	122	106	103	109	116
SN IV eval	7	4	6	2	5	7	5	5	6	15	4	7
CDPAP	7	2	0	0	0	0	0	0	0	0	0	0
PRI	3	2	3	4	0	5	3	3	6	3	5	5
UASNY	15	11	18	14	12	23	26	21	19	16	15	26
SN Evals per month	159	125	159	134	156	120	150	151	137.00	137.00	133.00	154.00
PT evals	88	82	78	69	84	61	75	76	67	74	70	70
PT only	33	32	35	25	25	27	27	21	18	21	24	21
PT only evals per mo	33	32	35	25	25	27	27	21	18	21	24	21
Total Evals per month	192	157	194	159	181	147	177	172	155	158	154	175

-9% 14% 13% -11% -17% -1% -17% -11% -8% -19% -2% -4%

TOTAL EVALS =2021

TOTAL EVALS DOWN 7% FROM 2013

Episodes of Care:

- 2014 1004 episodes
- 2013 1096 episodes
- 2012 1116 episodes
- 2011 1000 episodes
- 2010 1045 episodes

Traditional Medicare was 52% of our business for 2014 which is 1% decrease from 2013. Medicare reimburses the agency not by per visit (Fee for Service) but by episodes of care. The episode is for a 60 day period and the Medicare payment is calculated by the score determined by the OASIS C1 assessment. Managed Medicare comprised 24% of our revenues. Managed Medicare reimburses as determined by the Insurance Company of either Fee for Service or Episodic Rate.

Medicaid was reimbursing per visit up to May 1, 2012 at which time New York State's Medicaid Redesign Team (MRT) changed the previous Fee for Service payment as we knew it to an Episodic Rate System (EPS) similar to the Medicare PPS. In 2014 Medicaid was 9% of our CHHA revenue. However not all of the 9% was EPS rate but we were reimbursed at a Fee for Service rate which is a 40% decrease from 2012. Again these reductions in payment are due to the Medicaid EPS/ MRT movement.

The MRT movement plan is to have all Medicaid eligible clients in New York State be assigned to a Managed Medicaid Plan over the coming years. The transition began in Warren County in year 2014. This year our revenues were 6% Managed Medicaid, a significant increase from 2013. Private Insurance was 9% of the CHHA's revenue.

New York State's Medicaid Redesign movement created a movement state wide that altered the application process for opening a CHHA in a designated geographic area from an application based on Certificate of Need (CON) within the area to an application based on particulars of the RFA. It is the intent of the Medicaid Redesign Team that all Medicaid constituents moving forward will have to choose a Managed Long Term Care Agency to oversee their Medicaid spending. Opening up the CON process will provide more than 1 agency for all Medicaid recipients, needing Medicaid funded community home care programs, more than one choice of an agency within their geographic area. 2014 was the first full year that WCHS CHHA had competitors in the CHHA arena.

Warren County CHHA went from 0 competitors to 5 in 2014. I am proud to say that we have only had a decrease of 7% in our referrals since we have competition.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP) - MEDICAID REFORM MOVEMENT

New York States appointed Medicaid Reform Team movement is impacting the delivery of care for all Medicaid funded programs. One of the many goals for the Medicaid Reform is to transition all Medicaid recipients to a Managed Medicaid environment such a Managed Long Term Care Company (MLTC). One program that will be transitioned to the MLTC arena is the Long Term Home Health Care Program throughout New York State. The transition of this population affected our agency with the transition of all straight Medicaid clients In the LTHHCP. This transition was started in August 2013 and was completed in October 2013. This client is still receiving services from our agency as we have a contract with the MLTC to be the provider for the skilled care that this client requires.

Warren County has 2 MLTC's that are accepting clients in our region. They are Fidelis and United Health Care. WCHS has contracts with both MLTC's to be the provider for the authorized skilled care that the clients will need when all patients are transitioned out of the LTHHCP. It is our goal that we will be chosen as the provider based on our experience in managing the LTHHCP for over the past 20 plus years. The dually eligible client's transition will be mandated in Warren County sometime in 2014.

The Long Term Care Home Health Program as we know it will be phased out by 2015 in our geographic region. All of the LTHHCP clients will be transitioned to a MLTC program which began in September 2014 in Warren County. In the future all clients needing this type of care will be required to choose a MLTC to join. The MLTC will either have staff to provide the skilled care needed or they will contract with an agency to be the provider of services. At the closing of 2014 we had 1 patient that had transitioned to a MLTC. Beginning January 2015 the transitioning off all LTHHCP clients will begin. The agency is positioning to be the provider for these clients care.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

The LTHHC Program is a NYSDOH Waiver Certified Program that is administered by the local Department of Social Services (DSS). The program provides case management for coordination of services to Medicaid eligible clients who are medically eligible for placement in a nursing home. All individuals in the LTHHCP must receive case management by a nurse and may receive the following services based on assessment and plan of care:

Non-Waiver Services

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Supplies and Equipment
- Homemaking
- Housekeeping
- HHA or PCA
- Telehealth

Waiver Services

- Medical Social Worker
- Nutrition
- Respiratory Therapy
- Audiology
- Social Day Care (includes Transportation)
- Lifeline
- Respite Care
- Home Delivered or Congregate Meals
- Assistance with Moving
- Home Improvements and/or Maintenance

Waiver Services

- Medical Daycare
- Moving Assistance
- Assistive Technology
- Environmental Modifications

The focus of this program is to provide a cost-effective comprehensive alternative to nursing home placement for those individuals and their caregivers who prefer this option.

Skilled nursing and Telehealth are the only direct services provided by the agency in this program. All other services are provided on a contractual basis that necessitates a full time coordinator on a supervisory level to be sure these services are timely and appropriate. This supervisor is also responsible for coordination between all the services a client receives.

	2014
Number of active patients as of 12/31/2014	25
New Admissions	2
Number of Discharges/Transitioned	11

UNIFORM ASSESSMENT SYSTEM for NEW YORK STATE

The Need Assessments and the types and processes that were required for Medicaid funded programs will be changed to a formal standardized uniform assessment. Warren County Health Services was chosen to be in the Beta project for 2012, one of a few counties accepted. The Beta project started In Feb. 2012 and we completed it in August of 2012. The Needs Assessment chosen is the Uniform Assessment System for New York State (UAS-NY). This assessment tool will be used to determine the type of program and the amount of service needed to meet the needs of the client in all of the Medicaid funded programs in New York State. This UAS-NY patient specific assessment will be housed in the Health Commerce System (HCS) Department of Health (DOH) site.

The full implementation of the UAS-NY was mandated to begin July 2103. WCHS, being in the Pilot Program, was one of a very few agencies' that continued to implement all of the UAS-NY deadlines on time. At the end of 2014 we had fully integrated the process within our CHHA needs assessment team.

HOME CARE GOALS FOR 2015

- ◆ Continue to support the Care Transition Initiatives
- ◆ Create and Enhance working relationships with referral sources to assure that our residents and existing clients continue to receive the quality of care provided by this agency in support of the changing times in delivering home health care
- ◆ Market our services and accomplishments to our residents and our referral sources
- ◆ Transition our homecare services to accommodate the Medicaid Redesign Team (MRT) in New York State
- ◆ Strengthen and Enhance the existing skilled programs we provide to our clients guiding them in managing their health

DIVISION OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES

The definition of Public Health is becoming increasingly broader and encompasses many disciplines. The department receives many calls where there are no easy answers or quick fixes for the questions asked or the requests made.

Our staff always endeavors to exemplify the essence of Health Services philosophies and missions and each service we provide and question we answer in some way demonstrates the importance of multidisciplinary efforts needed to achieve long lasting positive outcomes for the people we serve.

10 ESSENTIAL PUBLIC HEALTH SERVICES:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community.
3. Enforce laws and regulations that protect health and ensure safety.
4. Inform, educate, and empower people about health issues.
5. Mobilize community partnerships to identify and solve health problems.
6. Link people to needed personal health services and assure provision of health care when otherwise unavailable.
7. Evaluate effectiveness, accessibility and quality of personnel and population-based health service.
8. Assure a competent public health and personnel health care work force.
9. Develop policies and plans that support individual and community health efforts.
10. Research for new insights and innovative solutions for health problems.

MATERNAL CHILD HEALTH PROGRAM

The MCH Program provides services to parents and children of all ages. Referrals are received from a variety of sources, such as hospitals, physicians, WIC, school district personnel, and clients themselves. Referrals are made to the program on all first time mothers, breastfeeding mothers, and mothers and infants with health or social concerns. Telephone contact is made and home visits are offered. If the case appears particularly high risk, a visit is automatically attempted.

In general, visits focus on providing parenting information, physical assessment, nutrition, breastfeeding education, safety, dental health, immunizations, family planning, childhood growth and development information, and encouraging routine primary and preventive medical care. All visits are individualized according to family needs, and the nurses strive to assist families to positively impact concerns they identify for themselves. Nurses work closely with physicians and other service agencies involved with families.

Reimbursement for services is pursued, but clients are not billed for services if insurance does not cover visits. Unfortunately, insurance companies are not eager to reimburse for preventive health care because actual savings of hospital days or other medical care cannot immediately be demonstrated. Visits that are covered, especially with private insurance, require timely phone calls for preauthorization and large amounts of documentation for reimbursement.

SUMMARY OF SERVICES

YEAR	TOTAL BIRTHS	NEWBORNS REFERRED	POSTPARTUM CLIENTS REFERRED	HEALTH SUPERVISION CLIENTS REFERRED	TOTAL HOME VISITS	PREMATURELY BORN INFANTS (less than 35 weeks gestation)	% Births Less Than 35 Weeks Gestation
2010	600	485 (12 Twins)	479 (55 Primary CS) (101 Repeat CS)	9	661	32	5.5%
2011	598	464 (9 twins)	476 (374 breastfeeding) (123 Primary CS) (51 Repeat) CS	17	544	31	5.2%
2012	577	482 (6 twins)	477 (388 breastfeeding) (118 Primary CS) (45 Repeat CS)	13	398	17	2.9%
2013	602	482 (9 twins)	471 (374 Breastfeeding) (104 Primary CS) (54 Repeat CS)	23	333	31	5.1%
2014	556	445 (6 twins)	439 (365 Breastfeeding) (92 Primary CS) (69 Repeat CS)	14	401	14	2.5%

40 weeks is considered a full term pregnancy. Referral numbers indicate unduplicated numbers referred to the program. Telephone contact only may have been made to some clients, while others may have received more than one home visit. A telephone interview tool is utilized to assure that uniformity is promoted and all the same information is allocated when determining the need for visit. In 2014, referrals were received on 14 young women under age 18 who delivered infants which is .03% of pregnancies referred to this agency.

SYNAGIS ADMINISTRATION PROGRAM

(For the Prevention of Respiratory Syncytial Virus)

Respiratory Syncytial Virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. Symptoms include fever, runny nose, cough, and sometimes wheezing. In United States, less than 57,000 hospitalized children and 100,000 – 126,000 hospitalizations for children more than 1 year of age.

Currently, there is no specific treatment for children with RSV other than management of symptoms. Children with severe disease may require oxygen therapy and mechanical ventilation. The majority of children hospitalized for RSV infection are under 6 months of age. Most children recover from illness in 8 to 15 days. Some infections may cause complications, which can cause permanent damage to the respiratory system, compromising pulmonary function.

RSV infections usually occur during annual community outbreaks, often lasting 4 to 6 months, during the late fall, winter, or early spring months. The timing and severity of outbreaks in a community vary from year to year. RSV is spread from respiratory secretions through close contact with infected persons or contact with contaminated surfaces or objects.

Current prevention options include good infection control practices and Synagis prophylaxis for children in high-risk groups, i.e. premature infants, children with CHD and CLD. Synagis is given during RSV outbreak season to prevent serious complications from RSV infection.

Our Public Health Nurses offer home visits to current patients participating in our programs. Monthly home visits are made to administer the Synagis injections, during the outbreak season. Visits are reimbursed by insurance.

Synagis Administration Data

	Injections Given
October through end of 2010	32
2011	70
2012	41
2013	47
2014	22

LACTATION COUNSELING PROGRAM

The national goal of breastfeeding to “increase to at least 75% of the proportion of mothers who exclusively breastfeed their babies in the early postpartum period and at least to 50% the proportion who continue to breastfeed until babies are 5-6 months old.” It further targets special populations such a low income, under 20 years of age, and African American women as needing lactation support services to be successful as they are the least likely to breastfeed.

Public Health lactation support provides breastfeeding education in the prenatal period as well as postpartum support. Telephone assistance within 1-3 days of hospital discharge and follow-up home visits within one week of discharge are offered to all referred mothers. Successful management instills confidence in the mother by supporting her with simple answers to her questions as they arise. Public Health provides lactation counseling as a means of preventing or solving lactation problems before they are detrimental to the health of the child or mother. Lactation support provides a mechanism for the smooth transition to pediatric care of the infant, including good communication between obstetric and pediatric care providers. We are available as an ongoing resource to mother and family as their needs change. Warren County Public Health has two certified Lactation Counselors on staff. Public Health Nurses work in conjunction with a Lactation Consultant at Glens Falls Hospital to assure that nursing mothers are provided with consistent information.

	Postpartum Clients Referred	Referred Clients That Were Breastfeeding	Percentage of Breastfeeding Moms
2010	479	353	74%
2011	473	374	74%
2012	477	388	81%
2013	471	374	79%
2014	439	365	83%

It is suggestive that this is a fairly accurate statistic since arrangements are in place for referrals with Glens Falls Hospital where the majority of births in Warren County occur as well as Saratoga County and Albany Medical Center (where preterm or high-risk births occur). Breastfeeding continues to be promoted in the prenatal period at obstetrical care appointments, at childbirth education classes, WIC clinics, and prenatal home visits to those women enrolled in the MOMS Program. Due to staffing constraints, Public Health Nurses are usually unable to follow breastfeeding women for 6 months so it is difficult to secure an accurate tracking of the number of moms who breastfeed during this time. Working with pediatricians and the WIC clinic may be of assistance in measuring this outcome.

PRENATAL PROGRAM

SUMMARY OF SERVICES

Referrals to prenatal program are received by medical care providers and pregnant women are intended to supplement obstetrical services provided by private medical practitioners, through the provision of health supportive services including nutrition, psychosocial assessment and counseling, health education, and coordination of other services needed by Medicaid eligible women during pregnancy and for a period of up to 60 days after delivery. The coordinator of the client's health supportive services (HSS) must work closely with the medical practitioner to ensure that every opportunity is provided for clients to receive comprehensive and continuous prenatal care. The clinical aspect of obstetrical care will be provided by a medical provider in the medical provider's office while the HSS will be provided by maternal child health nurses in the client's home or on-site at the Public Health office.

Managed care programs are now being required to "demonstrate" that more positive outcomes for various diagnoses, i.e. pregnancy, are being achieved and specifically the factors which are contributing to positive outcomes, or what measures are in place to minimize negative outcomes. Public Health nursing services identify these goals by the extensive histories taken and the care plans established based on needs. Nursing services can assist managed care organizations to demonstrate one means in which outcome goals and objectives for clients are approached. Other referrals are received on prenatal clients identified at risk for less than optimal outcomes of pregnancy from agencies such as WIC, Community Maternity Services, health centers, Glens Falls hospital or clients themselves. Although reimbursement for services is pursued, no client is turned away because of inability to pay. Public Health Maternal Child Health Program nurses periodically visit obstetrical practice staff to review Public Health programs and discuss ways to improve client service. This endeavor has been viewed as positive by medical care providers and their staff and contributes to more collaborative and comprehensive client care effort. In addition, an annual MOMS Program meeting is held to network with providers and other referral sources, and other interested agencies.

In late 2007, the MOMS Program was transferred to an electronic record, thanks to the efforts of Jeremy Scrim, IT Department. Information charting is done on-site making this information up-to-date which will facilitate communication with clients and network collaborating agencies. Reports and data are accessible and useful for the QA process and client-targeted education.

Note: None of the statistics in the Prenatal Program address or reflect information related to women who voluntarily terminate their pregnancies. Although this information is supposed to be anonymously reported to counties, reports appear incomplete, sporadic, and likely reflective of inaccurate information. (To date, information does not appear accurate enough to provide specific trends for the annual report. This is unfortunate because it is both a Public Health and a social concern.)

Maternal Child Health Program chart documentation is continuously reviewed and updated to reflect nursing standards and measure outcomes of service.

Program Goal: To target smoking in prenatal clients and offered referral to smoking cessation program. Mental health assessment for Depression is also in place. The maternal child health nurses have worked hard to develop assessment plans, care plans, and community plans to address and assist clients that smoke. Warren County's Community Health Improvement plan 2013-2017 will address chronic disease and mental health.

PRENATAL PROGRAM DATA

	CLIENTS REFERRED (UNDUPLICATED COUNT)	PRENATAL HOME VISITS MADE	TOTAL BIRTHS	TEEN PREGNANCY TRENDS (ENDING IN LIVE BIRTHS) <18YRS OLD
2010	141	170	600	10
2011	175	121	598	11
2012	100	91	577	14
2013	67	61	602	14
2014	40	51	556	11

Prenatal home visit numbers are significant but not totally reflective of the prenatal program for the following reasons:

- "Clients Refusing Services/Unable To Be Contacted After Referral" numbers are significant and a common occurrence
- Visits are also made at school, WIC clinics, or other sites i.e. friend's or relative's home due to unusual family circumstances
- Much more telephone time (and not home/not found time) is spent tracking down clients since addresses frequently change
- Many pregnant women referred are interested in participating in the Childbirth Education Classes but not the MOMS Program

CHILDBIRTH EDUCATION CLASSES

Warren County Health Services has 3 certified Childbirth Educators who alternate teaching the Childbirth Education Classes. The classes are held at the Municipal Center in Lake George. Programs are offered either as a 5-week session with 2½ hour classes one evening a week or a 2-day class which is All day Saturday and 3 hours the following Thursday. This allows flexibility to accommodate participants' differing schedules. Classes are routinely publicized throughout the county and participants are requested to preregister for the program. A fee of \$45.00 (or \$20.00 for WIC or Medicaid clients) is requested but is waived if it is a financial hardship.

When the program was first developed in 1993, it was specifically targeted for teens, low income, and Medicaid eligible clients but as the classes have evolved, a mix of socioeconomic status women have participated with no concerns noted. Individuals do not need to be Warren County residents but preference is given to those living in Warren County. Women are requested to bring their anticipated delivery coaches to classes with them (husbands, relatives, significant others) so they may learn about labor and delivery as well. The course content encompasses:

- Preparation for childbirth information including labor and delivery, breathing techniques, and exercises
- Discussion on medications and Caesarian Section
- Tour of The Snuggery at Glens Falls Hospital
- Focus on postpartum and infant care
- Breastfeeding

Special classes for reunions/parent support are also available for those parents who are interested.

YEAR	COMPLETE PROGRAMS	PARTICIPANTS Reflects pregnant women only, not their coaches who accompany them to classes.
2010	8 (4 weekends/4 6-week)	45
2011	8 5 weekends/3 5-week)	39
2012	8 (5 2-day/3 5-week)	44
2013	8 (4 2-day/4 5-week)	32
2014	4 (2 2-day/2 5-week)	18

Due to budget restraints, this program will be discontinued in 2015. Public Health will look to collaborate with community partners to deliver this program. Currently childbirth classes are offered through the hospital.

Women, Infant and Children Nutrition Program **(WIC)**

The Warren County WIC Program is sponsored by Warren County Health Services (WCHS). Our program maintains eight full-time and two less than part-time staff and one temporary part-time staff. The temporary staff person is hired to oversee the NYS DOH Performance Improvement Project (PIP) grant running from October 2014 through September 2015.

October 1, 2014 began the last year of the six year contract between the USDA, NYS DOH and sponsoring agencies. This contract usually runs for five years but was extended to six, ending on September 30, 2015. In anticipation, the NYS DOH published a Request for Application, inviting eligible sponsors to apply. The results of WCHS application is anticipated in June 2015.

WIC clinics are held at the Municipal Center and eight off-sites located in Glens Falls, Queensbury, Lake Luzerne, Warrensburg, North Creek and Horicon. Hours of operation include early morning, early evening and lunchtime appointments. Enrollment in 2014 was 1267 participants, a 9% decrease from 2013. NYS DOH reports a nationwide decline in WIC enrollment with the reasons under current scrutiny. This local agency identified the need to enroll an increased number of prenatal women earlier in their gestational month and children aged one to two years through a multi-media advertisement blast. The outcome of this \$45,630 PIP project will be determined by the close of 2015 fiscal year.

Site	Site Participant Average	% of Total Participant Average
Main Site – Warren County Municipal Center	266	21%
First Baptist Church – Glens Falls	246	19
Village Green Apartments – Glens Falls	161	13
VFW Post #6169 – Queensbury	207	16
Montcalm Apartments – Queensbury	64	5
Lake Luzerne Community Center – Lake Luzerne	55	4
Cornell Cooperative Extension – Warrensburg	123	10
North Creek Fire House – North Creek	57	5
Horicon Community Center – Brant Lake	88	7
	1267	100%

WIC supports breastfeeding as the primary source of nourishment for children birth to one year old. In early August, this local agency participated in World Breastfeeding “Latch On” set up at the Glens Falls City Park. Warren County WIC participated with the Washington and Saratoga County WICs and area doulas attended also by the NYS DOH Division of Nutrition Central Office. Breastfeeding mothers were invited to a morning of planned activities and outreach. WIC mothers who initiated breastfeeding increased to 71.2%; compared to 68.8% for the Capital Region and

78.5% statewide. Due to a resignation, this local agency functioned without a Breastfeeding Peer Counselor for four months. A slight increase of mothers who initiated breastfeeding occurred despite the lack of the Peer Counselor but with the strong support of this agency's Breastfeeding Coordinator. Sixteen breastfeeding women were issued WIC funded breast pumps which allowed them to return to work after child birth.

Our office works collaboratively with the WCHS Maternal-Child Health Program, United Health, Fidelis Cares, SNAP, Eat Smart NY, and the Warren-Washington County Head Start Program. All of these agencies attend WIC clinics as supportive community resources. The Maternal-Child Health Program promotes the MOMs Program, Child-Find and the Early Intervention Program. United Health and Fidelis Cares, both Warren County Managed Care Medicaid insurance companies, continued navigational services for the Affordable Care Act. These services have allowed WIC participants with a seamless application process. SNAP continued to utilize WIC clinics to meet with WIC participants for a regularly scheduled application appointment. Access to these essential services allows "one-stop shopping" - saving time, money and transportation for participants with limited resources. WIC hosted a confidential setting to SUNY Adirondack, Empire State College and Russell Sage College nursing and dietetic students completing their Maternal-Child rotation requirements. In conjunction with Eat Smart NY and Walmart, first time prenatal mothers were invited to participate in the "Cooking Matters" Program. While touring the Walmart grocery store, Eat Smart NY and WIC Staff shared meal planning, grocery shopping and coupon savings to these participants intending to enhance their grocery shopping experience and increase the value of their limited food budgets. During the summer months, WIC took a very active role in the promotion of the USDA Summer Lunch Program, providing schedule, transportation options and convenient WIC appointments to accommodate participant demands experienced as young families. During the three months proceeding the December holidays, the BOOKS Program, donates new books, wrapped in seasonal paper, for newborns to children up to five years old. These books are distributed to all WIC children.

Warren County WIC is 100% fully funded by the USDA and New York State. The Warren County WIC 2014 administrative budget totaled \$501,934, including \$45,630 unallocated funds. Actual expenditures totaled \$433,924. Indirect costs paid to Warren County were \$15,601; rent paid was \$17,326; and \$8,181 was paid to WCHS non-direct staff. The redemption value of WIC vouchers spent by Warren County participants was \$800,753. This agency's Farmers' Market Nutrition Program contributed \$6,764 which supported local farmers. Participants are also encouraged to utilize their SNAP benefits and WIC fresh/canned/frozen fruit and vegetable vouchers when shopping at local Farmers' Markets.

During June of 2014 an external audit was completed by The Bonadio Group for 2013. This audit resulted with 100% in compliance.

CHILD FIND

The Child Find Program is a statewide program to assure that children, ages 4 months to 3 years, are identified through periodic developmental screenings to receive the help and services needed for the best growth and development in their early years. Children can be referred based on their birth history/diagnosis, and/or by MDs, parents, or other social service and health professionals with concerns regarding the child's development. Funding for this program is received through an annual contractual grant with the New York State Department of Health. Referrals to the EI Program are based on the screening results.

Since the major publicity efforts associated with the Child Find and Early Intervention Programs, parents and other service providers have a heightened awareness to developmental expectations for children and want them monitored, some children may not meet eligibility criteria for Early Intervention Services, thus Child Find continues to be a very cost-effective program and allows a great deal of opportunity for parent education. Physicians, pediatricians, and family practices in Warren County are very invested in the Child Find Program because of the ability the nurse has to do screenings in the home. Much documentation between Child Find nurse and physician is evident in this program. New York State Department of Health encourages physicians to do developmental screens on children during routine comprehensive well child care. Unfortunately, some of the most high risk children do not see physicians regularly for preventive care, only episodic acute care for illness. Thus, the important service provided by the Child Find nurse must be continued as a valued part of the Child Find Program.

YEAR	CHILDREN SERVED
2010	125
2011	109
2012	88
2013	72
2014	71

EARLY INTERVENTION PROGRAM

The Early Intervention Program (EIP) is a statewide program that provides a wide variety of services to eligible infants and toddlers with disabilities, and their families. This program helps parents to meet the special needs of their child. Parents help choose the services and the places where services will be provided depending on the child's needs. Whenever possible, these services are provided in the home or in a community setting such as a day care center.

EARLY INTERVENTION SERVICES

Early Identification, Screening, and Assessment Services	Occupational Therapy
Medical Services for Diagnostic and Evaluation Purposes	Physical Therapy
Service Coordination	Psychological Services
Health Services Necessary for the Child to Benefit from EI	Nutritional Services
Nursing Services	Social Work Services
Family Training, Counseling, Home Visits, Parent Support Groups	Vision Services
Special Instruction	Assistive Technology Devices & Services
Speech Pathology and Audiology	Transportation

In addition to these Early Intervention Services, respite services also may be provided. These services can include in-home or out-of-home respite. Parents play an important role in planning on how these services, if needed, will be provided.

If a child is found to be eligible, and the parent wishes to have these services, an Individualized Family Service Plan (IFSP) is developed. This plan describes the Early Intervention services the child will receive, and how often and where the services will be provided. When deciding on where the child will receive services the Early Intervention Program Service Coordinator, when appropriate for the child, arranges to have these services provided. Only the services the parent consents to are provided.

TO BE ELIGIBLE FOR EARLY INTERVENTION SERVICES A CHILD:

1. Must be under 3 years of age and have a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in delay in the following areas:
 - Physical Development (including vision and hearing)
 - Cognitive Development (thinking process)
 - Communication (understanding and expressing language)
 - Social or Emotional Development (relating to others)
 - Adaptive Development (self-help skills)
2. Does not need to have a certain income or need to be a U.S. citizen.

EARLY INTERVENTION COSTS

Since 1993, when the Early Intervention Program became an "Entitlement" for children between birth and three years old, the numbers of children enrolled in the program have escalated significantly. This has added to the county's financial burdens. Although Medicaid and private insurances are pursued to the fullest extent possible and NYSDOH is billed according to specified methodology, it is difficult to predict the appropriation needed for the program since the number of referrals and intensity of services for children eligible are unknown.

EARLY INTERVENTION STATISTICS

	2010	2011	2012	2013	2014
Referrals Received	154	203	199	194	180
Children Served	262	285	281	260	242
Dollars Received From NYS	336,770.58	193,997.81	200,804.41	185,543.79	162,630.28
Dollars Received From Medicaid	268,832.58	404,557.15	353,251.57	169,817.40	93,286.72
Dollars Received From Private Insurance	24,769.92	19,148.24	33,708.25	29,172.02	5,938.24
Costs Before Reimbursement	946,876.91	988,424.39	955,941.68	761,964.28	598,314.11
Amount Appropriated (In budget, amended numbers)	1,307,867.96	1,338,749.92	1,244,999.38	1,176,287.58	1,052,223.00
Expenditures For County After Reimbursement Received	316,503.83	370,721.19	368,177.45	377,476.07	336,458.87
Average Cost to County Per Child Served	1,208.03	1,300.77	1,310.24	1,451.83	1,390.32
Births in County	600	598	577	602	556

Note: The EI Escrow account, which was established 4/1/13, seems to be working properly. Vendors are first paid directly by Insurances and Medicaid and then the balances are paid through the Escrow account paid by the County. Expenses will now reflect only the net amount paid from this Escrow account, therefore less expense to the county.

The cost per child has gone down (4.2%) due to the cash flow, reduction in expenses and the drop in children served (down by 6.9%). Warren County no longer receives payments by insurances for other vendors, only for Warren County therapists utilized during 2014. Warren County is also a vendor and will get paid directly by insurances and Medicaid and then also paid through the Escrow. The cost per child served will vary depending upon the reimbursement potential for each individual. Dollars received are based on actual cash in for the year, not revenues booked.

PRESCHOOL PROGRAM FOR CHILDREN WITH DISABILITIES

Serving Children 3-5 Years Old

All potentially eligible children are referred to the Committee for Preschool Special Education (CPSE) in the child's home school district. Parents are given the list of approved evaluators for Warren County (presently Prospect Child & Family Center, Glens Falls Hospital, BOCES, and Psychological Associates) and select the agency they wish to test their child. Following the evaluation the CPSE meets to discuss the child's needs. Recommendations for services are made at that time if indicated. A representative from Warren County Health Services, representing the municipality, attends all CPSE meetings as a voting member. Other voting members are the school district CPSE Chairperson, and the parent representative. Parents have the right to appeal the committee decision should they wish. All CPSE committee recommendations must be approved by the school district's Board of Education before services may begin. All children are identified as a "Preschool Child With a Disability". Specific classification does not occur until the child is school age. Preschool special education services are voluntary on the part of the parent and a child may be withdrawn from any program at any time at the parent's request. NYSED reimburses at 59.5% for tuition. Additionally Medicaid is billed for related health services (therapies, nursing, and counseling) and transportation on all Medicaid eligible children. All possible avenues are attempted in order to maximize reimbursement and assist in defraying Warren County's fiscal responsibility as much as possible. The Preschool budget and payment processes are extremely complicated and not timely. It takes much dedication on the part of many county staff to assure all reimbursement measures are pursued and accurate paperwork is submitted to NYS Department of Education and the Medicaid office on a timely basis.

SPECIFIC SCHOOL DISTRICT DATA

	SCHOOL YEAR 2010-2011	SCHOOL YEAR 2011-2012	SCHOOL YEAR 2012-2013	SCHOOL YEAR 2013-2014
All Children Served	353	292	226	224
Evaluations Only	89	75	51	46
Tuition Program/Evaluations Costs Approved	\$2,441,577.18	\$2,112,857.94	\$2,061,049.72	\$2,058,088.03
Tuition Program/Evaluations Costs Paid in 2014	\$2,539,102.34	\$2,160,955.39	\$1,711,727.01	\$1,780,779.78
Transportation Costs Approved	\$647,099.55	\$416,672.74	\$406,193.57	\$371,416.60
Transportation Costs Paid in 2014	\$689,913.49	\$420,283.30	\$370,003.74	\$367,791.02
Average Cost Per Child Before Reimbursement	\$9,147.35	\$8,839.85	\$9,211.20	\$9,591.83
Amount of Medicaid Received in 2014	\$11,262.11	\$21,673.58	\$176,073.94	\$45,318.96
Amount State Aid Received in 2014	\$1,102,852.25	\$2,135,454.97	\$943,599.30	\$1,957,299.05
Administrative Costs to Schools Received in 2014	\$105,296.85	\$53,250	\$90,060	\$91,712
Administrative Costs Paid to School Districts in 2014	\$125,667	\$60,857	\$146,476	\$91,712
Program Costs After Reimbursement	\$2,114,901.47	\$424,110.14	\$962,057.50	\$134,895.59
Average Cost Per Child After Reimbursement	\$5,991.22	\$1,452.43	\$4,256.89	\$651.89

***Source: General Ledger/Accounts Payable Reports and Budget Performance Report, 1/1/14 - 12/31/14.**

Medicaid reimbursements for 2014 were \$45,318.96. This was our second year in three years that the state has allowed us to again bill Medicaid. We continue to work diligently to bill Medicaid for those children that are eligible. We also collected in 2014, \$1,957,299.05 from State billings, which is our second highest in receipts over the last 4 years.

Cost per child does not include expense or reimbursement related to administrative cost to school districts. It is strictly related to services only, such as Tuition, Evaluations, and Transportation. The cost per child is somewhat skewed due to the fact that the calculation is based on cash in/cash out for the year. In 2014, program costs per child after reimbursement was \$651.89 which is below the previous years, due to the fact that cash in during the year was high and the expenses paid were the second lowest during the last four years. We served 224 children (consistent with 2013). Receipts are skewed many times because we depend primarily on reimbursement from the state and those payments are not always consistent each year. Each year expenses such as tuitions/therapy and transportation are dependent on the needs of each child. This is different for each child and therefore makes each year difficult to budget.

PRESCHOOL PROGRAM

CHILDREN QUALIFYING FOR AND RECEIVING SERVICES
(Does not include children receiving evaluation services only.)

SCHOOL DISTRICT	School Year 2009-2010	School Year 2010-2011	School Year 2011-2012	School Year 2012-2013	School Year 2013-2014
Abe Wing	18	17	9	15	15
Bolton	4	4	0	0	2
GF City	83	84	57	58	58
Hadley Luzerne	20	18	12	14	18
Johnsburg	7	7	4	6	6
Lake George	17	15	12	13	8
No. Warren	18	15	13	19	18
Queensbury	98	87	81	80	81
Warrensburg	27	18	27	21	18

Administrative Costs Paid to School Districts During 2014*		
	10/11 School Year Paid 2013	11/12 School Year Paid 2014
Bolton	\$2,420	\$0
GF City	\$43,116	\$15,316
GF Common	\$9,196	\$1,652
Hadley Luzerne	\$10,164	\$0
Johnsburg	\$5,808	\$4,820
Lake George	\$8,712	\$5,784
Queensbury	\$53,992	\$57,387
Warrensburg	\$13,068	\$6,753
TOTAL	\$146,476	\$91,712

Rate Reconciliations**	2013	2014
Paid Out to Providers	\$40,188	\$6,780.57
Received from Providers	\$23,547	\$14,080.63

Budget Appropriation for Contractual Services (Amended Budget)	
2010	\$5,151,575
2011	\$5,159,880
2012	\$4,720,000
2013	\$3,996,250
2014	\$3,229,000

*Administrative Costs paid in 2014 to school districts for the 2011-12 school year totaled \$91,712. All were reviewed and paid January 2014. Not all school districts submit administrative costs to the New York State Education Department for reimbursement approval, however more and more have recently submitted vouchers for reimbursement from the counties. Without state education approval school districts cannot bill the county. Often by the time they are approved by the State Education Department, the numbers actually reflect previous school years. Total paid over last the last two years for 10/11 SY is \$146,476 while for 11/12 SY it was \$91,712 which is \$54,764 or 37.39% decrease from the previous school year.

**Rate reconciliations recorded in 2014 are reflected above for school years 10/11 to 13/14.

Source: General Ledger and Accounts Payable reports from 1/1/14-12/31/14.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

A Historical Perspective

For children with special health care needs, the effects of lack of access to health care are felt more keenly than the general childhood population, resulting in increased morbidity and mortality and decrease quality of life.

In New York State, it is estimated that between 800,000 and 1.6 million children have special health care needs. These children account for the majority of pediatric health care expenditures in New York State.

In October 1996, the Commissioner of Health appointed a CSHCN work group to determine what role state and local public health agencies should play in improving the system of care for CSHCN. The work group discussed the key issues associated with the delivery of health care that impact CSHCN and their families:

- Lack of insurance or lack of comprehensive insurance for CSHCN
- Enrollment of CSHCN in managed care
- Multiple service needs of CSHCN
- Supportive services that families need to help them cope with caring for a child with special health care needs
- Involvement of parents as partners in improving the systems of care for CSHCN

The work group discussed the necessary elements of a comprehensive, integrated private and public health system that would improve the health of CSHCN by addressing the key issues.

The work group adopted the following definition of children with special health care needs: Children with special health care needs are those children 0-21 years of age who have or are expected to have a serious or chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

New York State has a long history of concern for the health of all children including those with special health care needs. The health department's involvement with children with disabilities dates back to polio clinics held in the beginning of the century.

The state is committed to continuously improving the infrastructure for delivery of health services to mothers and children. A major focus of this infrastructure building is the developing of the system's capacity to:

- Regularly report on the health status of CSHCN
- Ensure access to medical homes for CSHCN
- Develop local capacity to address comprehensive needs of CSHCN
- Assist families in accessing the necessary health care and related services for their CSHCN
- Develop a partnership with families of CSHCN that involves them in program planning and policy development.

New York State Department of Health continues to provide funding to counties to facilitate the Children With Special Health Care Needs (CSHCN). Counties are responsible for submitting quarterly data to the NYS Department of Health that identify the types of children's health problems involved with children participating in the PHCP. The goal is to identify "gaps" with insurance coverage for children's services i.e. what types of things are not covered by insurance plans and what is the resultant impact on the involved child's health.

The CSHCN staff at New York State Department of Health continues to be available to assist when children's insurance companies deny payment for services that are needed by the child. This program has the potential to identify important gaps in children's health services.

In Warren County, children are placed directly into appropriate programs (i.e. ChildFind, Early Intervention, Health Supervision) and managed by applicable staff which better meets individual needs. This appears to be a working system.

HEALTH EDUCATION

Health Education programming in Warren County remains a popular and important resource for local schools, businesses, and community groups. The program continues to provide support to a variety of partners by providing print materials, classroom presentations, information seminars, technical assistance for groups developing health and wellness policies and statistical data for grant writers.

As required by New York State Department of Health, Warren County Health Services in cooperation with community partners continues to work to implement the Community Health Improvement Plan (CHIP). The CHIP provides a framework for addressing the gaps and weakness identified by the Community Health Assessment. Progress on implementation of the projects laid out in the CHIP has been slow. A lack of staff resources and adequate funding to implement programs are the biggest obstacles to the plans implementation.

2014 Activities

Community Health Assessment

- ☒ Warren County Health Services submitted its first progress report to the New York State Department of Health for the 2014-2017 Community Health Improvement Plan. Although, some progress was reported, moving initiatives forward has been difficult due to a lack of available staff.
- ☒ Warren County continues its partnership with local partners and has met with hospital staff from the Healthy Places to Live, Work and Play initiative to try and coordinate more activities as they related to the CHIP.

Program News

- Requests for programming from local elementary schools and Head Start programs increased from the previous year. The number of contacts among students was up 13% from the year before.
- Maternal Child Health nurses continued the education and referral program for new parents that use tobacco. The program educates parents on the dangers of secondhand smoke to children. The program provides tip and resources to help parents reduce their child's exposure to secondhand smoke and also refers parents to the NYS Smokers Quitline. Updates will be included in the 2015 annual report.
- Partnered with Council for Prevention and a large number of other community groups to convene a community task force to map out an approach to dealing with the rising heroin epidemic in our region. Partners include law enforcement, county attorneys, mental health providers, probation, community outreach programs, public health, schools and more.

Community Events

- ☒ Health education provided materials and staff at 8 community events. Topics included fall prevention, ticks and Lyme disease information, the role of Public Health today and several other topics. No formal evaluations were completed.

Trainings/Conferences

- ☒ Attended a half day training for data analytics and how to use the Health data system maintained by the NYSDOH.
- ☒ Attended a one day conference hosted by the New York State Office of Mental Health and the NYSDOH. Conference was designed to help Counties and local partners identify, plan and possibly implement mental health programming as identified in CHIP.

Networking

- ☒ Maintained correspondence with Adirondack Rural Health network and Regional County Health Department partners.
- ☒ Continued to work closely with Glens Falls Hospital on a range of health improvement programs/projects.

Worksite Wellness

- ☒ Held 10 meetings with committee members
- ☒ Committee organized 7 lunch and learn programs for Warren Co. employees with over 50 employees attending.
- ☒ Organized and implemented a Farm to Desk program in partnership with Juniper Hill Farm. The program was designed to provide employees the opportunity to purchase fresh, local, organic seasonal produce as part of Community Supported Agriculture. Thirty-six employees participated.
- ☒ Conducted 2 health fairs in 2014. The first fair was held as part of the DPW safety days inn June. Over 100 DPW staff attended. The second health fair was held in October with over 130 employees participating.
- ☒ Conducted the Biggest Loser contest for employees. Forty three employees participated and completed the 8 week program.

Miscellaneous

- ☒ Provided print materials to target groups during different Health Observances (e.g. fall prevention materials to senior groups, posters, brochures etc. to providers offices). Met with news organizations occasionally to provide information about specific health topics.
- ☒ Sent PSA's/news releases to local print media to promote community events or to raise awareness of specific health topics.

PRESCHOOL ELEMENTARY and ADOLESCENT PROGRAMS

Program	Attendance '09	Attendance '10	Attendance '11	Attendance '12	Attendance '13	Attendance '14
Dental Health	235	644	320	825	548	556
Nutrition	714	868	852	464	694	925
Injury Prevention	182	572	567	949	526	619
Hand Washing/Hygiene	905	653	826	651	599	822
Exercise/Heart Health	679	251	391	725	626	786
Sun Safety	342	542	528	831	391	731
Poison Prevention	209	169	61	583	485	427
Tobacco Education	703	705	799	751	915	794
Ticks & Lyme Disease	50	350	285	65	275	100
Rabies Awareness	0	0	424	0	0	0
HIV/AIDS	125	293	248	233	189	173
Flu/H1N1	426	0	0	285	0	0
TOTAL	4570	5047	5301	6362	5248	5933

ADULTS, PARENTS and SENIORS PROGRAMS

Program	Attendance '09	Attendance '10	Attendance '11	Attendance '12	Attendance '13	Attendance '14
CPR/First Aid	141	116	130	102	59	65
School Nurse Training	30	32	45	48	43	28
Blood Borne Pathogens Training	112	40	46	40	51	40
Employee Training/Defensive Driving	0	112	22	126	NA*	NA*
Senior Health/Fall Prevention	10	50	36	140	25	50
Flu/H1N1	45	0	0	0	0	0
Community Programs	*	336	240	50	86	105
TOTAL	338	686	519	506	264	288

Above charts are not all-inclusive. Some programs may not have been included because of size and/or nature of the program.

*Defensive driving program for employees was assumed by Needham Safety Consultant as part of cost saving measures.

NETWORKING WITH THE COMMUNITY

American Red Cross	Adirondack Community College	Capital Region BOCES Health Services
Communities That Care	Cornell Cooperative Ext. of Warren County	Council for Prevention
Warren/Hamilton Counties Office for the Aging	Warren Count Head Start	Hudson Headwaters HIV Network
Interagency Council	NYS Department of Injury Prevention	Washington County Public health
Adirondack Rural Health Network	Glens Falls Hospital	American Academy of Family Physicians
Zonta Club of Glens Falls	Youth Coalition	Hudson Headwaters Health Network
Southern Adirondack Childcare Network	Glens Falls YMCA	10 Warren County School Districts

(We have tried to include any and all of our community partners we have worked with. However, we know this list is not all inclusive. We would like to apologize to any community partner that has been left off this list.)

MATERIAL DISTRIBUTION

General Public: Materials covering over 20 different public health topics are made available at health fairs, community clinics, on display tables at entrance to DMV, and information distribution racks located near DMV lobby and outside of the Public Health Office.

Rabies: Sent out yearly mailings to all the health care providers, vets and relevant professionals with information about reporting to the county. Distributed educational materials to the public at rabies clinics, vets offices and at the Warren County Health Department.

Lyme Disease: Conducted tick and Lyme disease education at the local YMCA Family day. Provided 50 tick and Lyme Disease trailhead signs to local municipalities, schools and community organizations. Gave away over 100 tick removers and provided information to several pediatric offices and worksites in Warren County.

Hypothermia: Conducted a health and safety program about hypothermia to 250 elementary school children (5th and 6th grades) at the annual Environmental Field Days program presented by Cornell Cooperative Extension.

Infectious/HIV Disease: Presented HIV education at a high school in Warren County as requested by the health teacher. Two full days were spent at the school, one in the fall and one in the spring to reach all of the students taking health during the year. Provided blood-borne pathogens training to 40 Home Health Aides as part of their yearly required training.

Lead: Conducted poisoning prevention programs for local preschool and daycare children. The dangers of lead paint were incorporated into the program. Lead poisoning prevention information was distributed to every child to be taken home. Discussed lead poisoning prevention with Adirondack Community College Head Start program staff and parents at an evening program. Provided informational brochures upon request.

OTHER PROGRAMS

Tar Wars Tobacco Free Education: Program funding has remained steady at \$7500. Stewarts Shops helped offset the cost of prizes awarded to students that participate in the poster contest portion of the program. There was voluntary participation by 100% of school districts in Warren County. Seven hundred ninety-four fourth and fifth grade students attended the program. Attendance was down due to a smaller number of 5th grade classes participating. Common reasons for not participating was a lack of time because of increased testing required by New York State Department of Education or poor weather. Students created tobacco free posters after receiving a one-hour lesson about the dangers of tobacco and the deceptive practices of the tobacco companies. The posters demonstrate the knowledge that students gain during the one hour lesson.

Conducted a tobacco outreach program at a school wide Health Fair. Over one hundred students visited the display and asked questions or took information

School Nurse Training: The meeting time was held in early October. Attendance was down slightly from the previous year. Topics covered during this year's program included food allergies in schools, updates on the heroin epidemic and its impact on local schools and yearly updates. There were several community agencies present with informational tables.

For More Information about Warren County Health Education
Please Contact
Dan Durkee
Senior Health Educator & Emergency Preparedness Coordinator
Warren County Health Services
Phone: 518-761-6580 or email durkeed@warrencountyny.gov

LEAD POISONING PREVENTION PROGRAM

Warren County has a Lead Poisoning Prevention Program funded by a NYSDOH \$21,906 grant. Key components of the program include education, screening, and follow-up. A Public Health Nurse is responsible for submitting the annual work plan and quarterly/annual reports.

Lead poisoning can cause damage to the neurological system. Lead exposure at low levels has been known to cause anemia, growth and development deficiencies, mental impairment, irritability, and hyperactivity. Decreased IQ scores have also been associated with lead exposure. High levels can be severe and cause seizures, coma, and death.

Lead exposure is preventable if common sources are known. In addition, routine screening (blood tests) can diagnose cases prior to onset of symptoms, providing an opportunity to remove the hazard before serious complications. Prevention and screening are the focus of educational efforts.

Education: Health care providers are contacted annually to encourage screening and reporting of cases. Childcare providers are educated on lead, possible sources, and screening requirements. Parents are targeted through associations, health fairs, and informational calls to Public Health. Many pamphlets are available.

Screening: NYSDOH and CDC require lead testing (blood test) for all 1 and 2 year olds for lead exposure. Medical care providers are encouraged to test children 6 months to 6 years old with risk of lead exposure and are required to test all 1 and 2 year olds. Child care providers are encouraged to educate parents on lead screening if the child has not been screened prior to enrollment. Public Health will make arrangements for the test and cover the cost if there is a financial hardship preventing the family from getting a child tested.

Follow-up: All children are tracked in the NYSDOH Web-based LeadWeb system. All labs are entered in the system electronically which updates the program as results are received.

- Lead level 0-9mcg/dl: A letter is mailed when results are received in addition to a reminder letter when the child is 2 years old
- Lead level 10-14mcg/dl: An elevated letter and educational packet is sent. A reminder letter is sent every 3 months for retest until the child is considered stable (2 tests below 10mcg/dl or 3 lower than 15mcg/dl)
- Lead level 15-19mcg/dl: Same as for 10-14 level with the addition of a phone call to family to complete a lead risk assessment and exposure history. A home visit is also offered for education and prevention information and an environmental referral to NYSDOH for lead testing of the home.
- Lead level 20mcg/dl or higher: Same as above.

Services offered by Public Health are at no cost to the family. The Lead Poisoning Prevention Program provides a great service to the community especially to affected families. Despite educational efforts, services are not fully utilized. Referrals are received from a variety of sources i.e. parents, medical care providers, child care providers, Head Start, WIC, other Public Health programs, Well Child/Immunization Clinics.

LEADWEB DATA

BLOOD LEAD SCREENING TESTS	2010	2011	2012	2013	2014
<10mcg/dl	934	1039	964	827	1090
10-14mcd/gl	5	3	2	3	2
15-19mcg/dl	1	1	0	0	2
20-25mcg/dl	0	3	0	0	1
>25mcg/dl	1	0	0	0	1
TOTAL ELEVATED RESULTS	7	7	2	3	6

(Note: The elevated numbers reflect the highest lab result, per child for specified year.)

COMMUNICABLE DISEASE CONTROL

INFECTION CONTROL EFFORTS

Warren County Health Services works closely with physicians, health centers, and Glens Falls Hospital to consistently encourage and assure timely reporting of laboratory confirmed and or clinically suspected cases of reportable communicable diseases. The agency also works in collaboration with the district office of the New York State Department of Health in this endeavor. A Public Health Nurse follows up with clients either by telephone or home visits, to offer needed information to assure appropriate treatment of infected individuals and prevent exposure to contacts as appropriate, therefore protecting the health of the public. Occasionally Warren County incurs the costs of necessary medications if the individual has no other payment source and out of pocket expense is a financial hardship. Clients are also followed to ensure tests of cure are done if indicated by the specific disease. Appropriate and timely reports are made to the New York State Department of Health. Infection Control Committee meetings are held periodically with the Preventive Program Medical Advisor to review infection control protocols and policies.

Health Services also has agency-wide Infection Control, Exposure Control, and Respiratory Protection Plans in place. Staff receives annual in-services to review these plans.

DISEASES REPORTED FROM LABORATORY CONFIRMATION

DISEASE ENTITY	2010	2011	2012	2013	2014		DISEASE ENTITY	2010	2011	2012	2013	2014
Amebiasis	0	0	0	0	2		Influenza, B	0	13	5	39	18
Anaplasmosis	0	0	0	0	0		Influenza, unspecified	0	0	0	1	2
Babesiosis	0	1	0	0	1		Influenza (Haemophilus) Invasive B	0	0	1	0	0
Brucellosis	0	0	0	0	0		Influenzae (Haemophilus) Invasive not Type B	0	2	0	1	2
Campylobacteriosis	6	8	9	9	11		Legionellosis	1	1	0	1	3
Chikungunya					1		Listeriosis	1	0	0	0	0
Chlamydia	160	188	176	195	186		Lyme Disease	45	25	45	100	60
Cryptosporidiosis	0	0	0	1	1		Ticks Tested/Confirmed Deer Ticks	81/77	39/38	0	0	0
Dengue Fever	0	0	1	0	0		Meningitis (bacterial)	0	0	0	0	0
E. Coli	0	0	0	3	0							

DISEASE ENTITY	2010	2011	2012	2013	2014		DISEASE ENTITY	2010	2011	2012	2013	2014
EHEC (not serogrouped)	0	0	0	0	0		Meningitis (viral)	0	0	0	0	1
EVD Traveler Monitoring					1		Mumps	0	0	0	0	0
Giardiasis	4	9	9	3	5		Pertussis	11	3	6	1	2
Gonorrhea	13	10	6	14	10		Salmonellosis	8	8	5	4	6
Haemophilus Influenzae Inv No	0	2	0	0	0		Shigellosis	0	1	0	0	1
Hemolytic Uremic Syndrome	0	0	0	0	0		Strep Pneumo Invasive Sensitive	9	0	5	3	1
Hepatitis C (acute)	0	0	0	0	0		Strep Pneumo Invasive Drug Resistant	1	0	0	0	0
Hepatitis C (chronic)	26	30	37	28	56		Syphilis, primary	0	0	0	0	1
Hepatitis B (acute)	0	0	0	0	0		Syphilis, secondary	0	1	0	0	0
Hepatitis B (chronic)	4	1	0	2	1		Syphilis, early latent	0	0	1	0	1
Hepatitis B (infant prenatal)	0	0	0	1	0		Syphilis, late latent	0	0	4	0	0
Influenza A	0	11	105	54	64		Syphilis, unknown latent	0	0	0	0	0
Strep Pneumo Invasive Intermed	0	1	0	0	0		Swine - Origin Influenza	1	0	2	0	1
Strep Pneumo Invasive, unknown	0	2	1	1	11		Toxic Shock Syndrome	0	1	0	0	0
Strep Pneumo Invasive, sensitive	0	5	0	3	1		Tuberculosis	1	0	0	0	0
Streptococcus Pneumoniae (Unknown)	0	0	0	1	11		Yersiniosis	0	1	0	0	1
Strep Group A Invasive	8	1	1	2	2		Vibriosis					1
Strep Group B Invasive	6	7	7	6	8		West Nile Virus					1
Strep Group B Invasive, early	0	0	0	0	0							

These Diseases Are Reportable, However There Were No Recent Positive Lab Tests for Them In Warren County

Anthrax	Hantavirus Disease	Rabies (see rabies data)
Botulism	Hepatitis A	Rocky Mountain Spotted Fever
Chancroid	Hepatitis A in Food Handler	Rubella
Cholera	Hepatitis B (in pregnancy)	Rubeola
Cyclospora	Lymphogranuloma Venereum	Tetanus
Diphtheria	Malaria	Trichinosis
Ehrlichiosis	Measles	Tularemia
Encephalitis	Plague	
Foodborne Illness	Psittacosis	

RABIES PROGRAM

Warren County has a Rabies Prevention Program that follows up on all animal bites/exposures, provides rabies pre vaccination immunizations, provides approval for rabies post exposure vaccination, approves rabies specimen testing, serves as a resource for providers and the community, and offers rabies vaccination clinics for pets. All animal bites/exposures are mandated by Public Health Law to be reported to the victim's county of residence.

As of November 2002, a new rabies law went into effect requiring dogs, cats, and ferrets all be vaccinated against rabies by four months of age. Counties must offer at least one rabies clinic every four months. Warren County offers two clinics a month from February through November. Unvaccinated pets involved in a bite/exposure incident must be confined for ten days at an approved facility such as a veterinarian's office at the owner's expense. Any vaccinated pet involved in a bite/exposure may stay at home for the ten-day confinement period.

Warren County continues to diligently strive by public education efforts and ongoing communication with medical providers, animal control officers, and veterinarians, to assure that the public health is protected as related to rabies.

Note: As of December, 2011 the rabies law was amended to allow unvaccinated animals involved in a bite to stay at home for the 10-day quarantine period under the discretion of Public Health. Also, scratches alone are no longer considered a potential exposure and do not require a 10-day quarantine.

RABIES DATA FOR 2014

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		1			2			1				
Chester	1	4	Horse (1)		4			3		1		
Glens Falls	14	16		3	22		2	3		7		
Hague					1					1		
Horicon		1						1				
Johnsburg	4	6		2	8			3		1		
Lake George	2	1			7	Pig (1)		4		1	4	
Lake Luzerne	1	4	Pig (1)	4	7			3		1		
Queensbury	9	26		6	28			4	Goat (1)	3	4	
Stony Creek					2							
Thurman	1	3			2							
Warrensburg	2	3		1	5					2	1	
TOTALS	34	65	2	16	88	1	2	22	1	17	9	0

BITES REPORTED BY MONTH

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2011	12	10	20	18	22	15	35	22	24	13	10	7	208
2012	13	20	14	17	24	20	25	21	18	22	18	12	224
2013	18	15	15	19	19	25	23	26	18	22	16	18	234
2014	19	13	16	16	26	39	28	27	24	18	19	12	257

RABIES STATISTICS

	2010	2011	2012	2013	2014
Confirmed Rabid Animals	1 raccoon 1 fox	0	1 cat 1 bat	1 cat 1 fox 2 raccoon	1 skunk 1 fox
Animal Specimens Submitted for Testing	37	28	45	30	42
Animal Bites	218	208	224	234	2572
Patients Receiving Pre-Exp. Vac. (3 Injections) or Booster Vacc. Fee: \$203.00/Dose	6 Titers Drawn: 0	8	3	4 Titers Drawn 8	0
Patients Receiving Post-Exp. Vac. Series @ GF Hosp. (All RIG and First Injections are Given at GF Hospital)	34	13	28	31	19
Patients Receiving Post-Exp. Vac. Series @ P. Health (All RIG and First Injections are Given at GF Hospital)	4	4	1	5	5
Animal Clinics	22	23	22	22	22
Animals Receiving Rabies Vaccinations	944	787	1130	905	911

Expenses paid in relation to Rabies Program: \$15,085.92

Amount vouchered to New York State: \$6,572.06

Rabies Clinic Revenue: \$8,290.00

Total program cost to Warren County: \$223.86

Note: Data above reflects actual expenses incurred and both actual cash received at clinics and amounts vouchered to the State during 2014. We were able to offset 76.27% of clinic costs with donations received during those clinics. Fortunately 100% of Human vaccines were covered by the state, however animal testing was maximized for the year therefore costing the county the \$223.86 for the year. We find that with Human vaccines, most patients have health insurance therefore the Hospital is able to bill for those services and reducing the cost to the county. Rabies expenses decreased 46.84% in 2014 where the impact to the county decreased by 22% from last year.

TUBERCULOSIS PROGRAM

PPD testing is offered by appointment to any Warren County resident requesting it on Monday, and Fridays. Agencies whose personnel must be screened for tuberculosis also may request screening by Warren County Public Health.

Warren County Health Services provides payment for preventive therapy medication for individuals who convert as a result of a tuberculosis test or have active tuberculosis and have no insurance to cover the cost of medication. This holds true for any test conversion, not just those done by Warren Co. This is done in attempt to assure compliance with prescribed treatment. Richard Leach MD is the contractual medical consultant for the program and follows those individuals needing treatment who do not have their own physician. Warren County maintains an agreement with a local pharmacy whereby the agency is billed at the Medicaid rate for the medications.

Amount Paid for Tuberculosis Medications	
2010	\$39.89
2011	\$0.00
2012	\$ 0.00
2013	\$ 0.00
2014	\$ 0.00

YEAR	INDIVIDUALS TESTED	POSITIVE CONVERTERS	ACTIVE TB CLIENTS DURING YEAR
2010	217	1	1
2011	164	1	0
2012	175	0	0
2013	136	2	0
2014	123	0	0

2014: No active cases.

Warren/Washington County's STD Clinic Report 2014

A STD/HIV Clinic is held each Tuesday from 6:00 to 7:30 p.m. This clinic is financed by Warren and Washington Counties. The HIV clinic is staffed by personnel from the HIV/Ryan White program under the sponsorship of Hudson Headwaters. Any positive test is referred immediately for verification and follow-up care.

STD clinic tests for gonorrhea, chlamydia and syphilis routinely on all clients. These tests are taken to the Glens Falls Hospital Laboratory and are billed to Warren County Public Health at the Medicaid rates. The tests for syphilis are mailed to the Wadsworth Center of the NYS Department of Health. New York State Department of Health is notified of any positive test and is in direct communication with Warren County Public Health regarding treatment and "follow-up" care.

The age range of the participation at the clinic remains from young teenagers to the elderly.

The number of clients has been declining steadily over the past five years but the number of positive Chlamydia has remained constant, making us realize the value of the clinic. Also, as the numbers of positive syphilis cases have risen across NY, they have also risen in our numbers.

The most important subject discussed with each client is "Prevention". Condoms, supplied by NYS are available for no charge at the clinic.

The 2013 Annual Report suggested that charges to health insurance for clinic visits are being considered but no directives have been issued for this.

Dr. Peter Hughes continues to staff the clinic in addition to two public health nurses. If numbers continue to decrease, as medical care becomes more available under the Affordable Care Act, the STD clinic may become less necessary; however, currently the clinic fills a definite need for the area.

HIV and STD (SEXUALLY TRANSMITTED DISEASE) CLINIC

	2010	2011	2012	2013	2014
Clinics Held	52	50	51	48	51
Participants	332	327	356	220	193
Males	222	230	239	162	134
Females	110	97	117	58	58
Age Range	14-72	15-86	15-86	17-87	16-67
HIV Test Only Done	40	40	43	14	16
STD Test Only Done	77	51	70	43	24
STD & HIV Test Done	187	204	188	133	131
HIV Not Tested*	9	0	22	0	0
STD Phone Calls for Results	164	168	169	103	103
Warren Co. Participants	157	204	196	111	120
Washington Co. Participants	110	76	109	55	41
Saratoga Co. Participants	53	41	39	44	26
Other County Participants	10	6	12	10	5

*Represents clients requesting HIV test but due to lack of counselor availability or late arrival, were not tested.

DISEASES WITH POSITIVE TEST RESULTS

DISEASES	2010	2011	2012	2013	2014
Genital Herpes	4	0	4	4	2
Genital Warts	9	10	8	9	2
Chlamydia	23	20	24	21	19
Gonorrhea	0	0	1	0	0
Syphilis	0	0	3	2	1

During the early part of 2014, we again surveyed clients regarding their health insurance status. Approximately 50% had health insurance but nearly 100% did not want EOB sent their house. The clinic attendance continues to dwindle; however, the number of positive chlamydia cases remains constant.

HUMAN IMMUNODEFICIENCY VIRUS **(HIV)**

In the face of difficult financial limitations Warren County Public Health began a formal partnership with Hudson Headwaters Health Network and its Ryan White HIV/AIDS Part C program to continue to provide free HIV testing for Warren County residents and surrounding counties in January 2014. This partnership was created when Warren County Public Health was informed there would be no money available through the Ryan White HIV/AIDS Part C program to help offset the costs associated with providing free HIV testing services. These funds had been used in the past to help pay for staff time and materials.

However, both organizations recognized that access to free HIV testing was essential for the area. In order to meet the needs of the community Warren County Public Health and Hudson Headwaters entered into an agreement that would maintain the HIV testing services. Warren County Public Health agreed to provide the testing site and administrative help (already on site for regular STD testing performed by WCPH) and Hudson Headwaters would provide the staff and supplies to conduct the actual testing during the weekly walk-in clinics. Hudson Headwaters staff is also responsible for providing test results and any necessary follow-up that might be needed based upon the test those test results.

The agreement went into effect without any disruption in services. The partnership is working well and the agreement has been extended through 2015.

Activities 2014

- ☒ Created a formal partnership with HHHN Ryan White program to maintain free HIV testing
- ☒ Held 51 clinics in 2014.

Comments/Concerns:

- ☒ HIV Rapid Test by Oraquik became available over the counter.
- ☒ HIV testing remained constant in 2014. New public health mandates that all people (between 13 – 64 yrs. old) be offered free testing during routine doctor's visits and an increase in testing venues in the County may have had an impact on testing numbers.
- ☒ New Affordable Care Act provisions making it easier for people to obtain insurance and see doctor's regularly may have an impact with future clinic numbers.
- ☒ The anonymity afforded those that do attend the clinic provides an invaluable resource for those who are embarrassed to visit their doctor to discuss potential exposure to HIV or unable to see a doctor because of other barriers (time, transportation etc.)

2014 Goal Progress

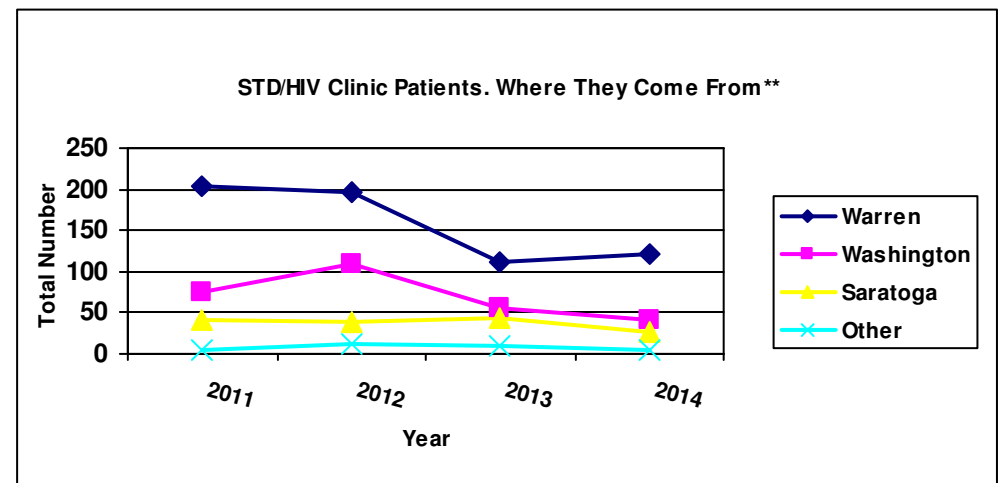
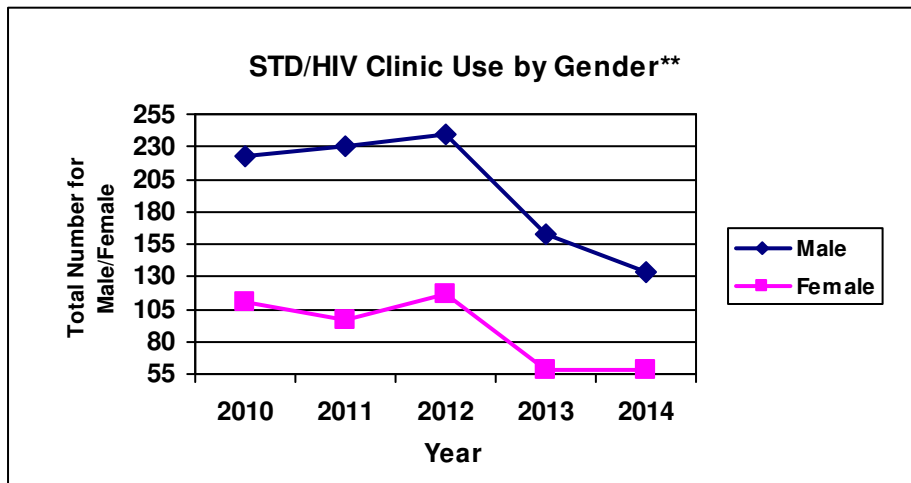
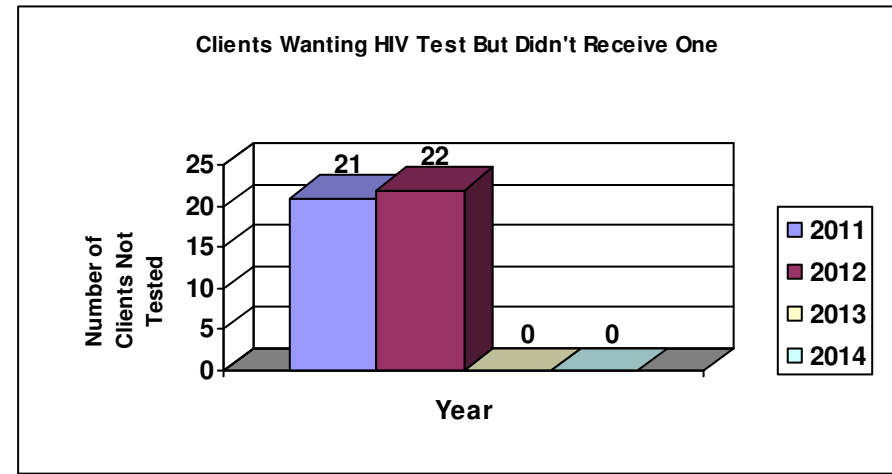
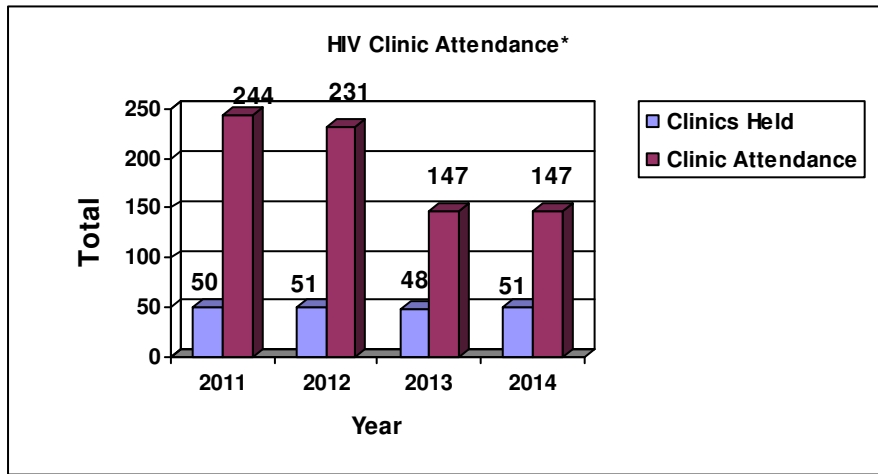
- ☒ Maintain or increase the current number of HIV test performed during 2015.
- ☒ Continued to analyze data about clients, identify target populations and population "gaps"
- ☒ The number of people who received STD testing but not HIV testing was 12.5%, reduced from about 32%, a 61% reduction and well above our goal of reducing the number by 15%. It should be noted that the reason for declining HIV testing is not noted and may be due to the client having received HIV testing elsewhere.

2015 Goals/Outlook

- ☒ Continue to try and reduce the number of people receiving STD testing but refusing HIV to less than 5%.
- ☒ Maintain a positive working relationship with the Ryan White HIV/AIDS part C program staff.

For more information about the free Rapid HIV Testing Program contact Warren County Public Health (761-6580). For more information about HIV/AIDS go to www.nyhealth.gov/diseases/aids.

2011 - 2014 HIV RAPID-TEST CLINIC BY THE NUMBERS



* The HIV clinic attendance graph includes those people that attended seeking only an HIV test.

** The graphs "clinic use by gender" and "where they come from" represent the total number of patients that attend the STD/HIV clinic. These numbers are not exclusive to people seeking only HIV

PERINATAL HEPATITIS B

PERINATAL HEPATITIS B PROGRAM

Women are routinely screened for Hepatitis B as part of prenatal bloodwork. In the event the pregnant woman tests positive for Hepatitis B the information is transferred to the hospital where the mother plans to deliver to assure that the infant receives treatment after birth, before the child is discharged. In these cases, a mechanism is in place where a referral is made to the local health department to assure that the child continues to receive Hepatitis vaccine on a timely basis. Reports are submitted for statistical tracking to New York State Department of Health whenever a case is identified.

There has been 1 case in 2014 of pregnant women identified as Hepatitis B carriers and therefore no infants receiving Hepatitis prophylaxis since the beginning of year 2002.

Hepatitis B is a virus that affects the liver. It is transmitted through contact with infected blood and body fluids. Pregnancy and Hep B combined can put the baby at risk for contracting the virus. Pregnant women are tested for many diseases during pregnancy. The Hep B test is important because there are interventions to prevent or minimize the baby's chance of contracting Hep B. When women are identified, they are followed through pregnancy and up to a year after delivery. During the pregnancy, goals include promoting a healthy pregnancy and preventing transmission to her partner and others. The women are given the opportunity to verbalize fears and ask questions. Information on the virus, transmission, prevention, and general health are discussed and reinforced. Also during pregnancy possible contacts are identified and offered prophylaxis. The goal at delivery is to prevent transmission to baby. Within twelve hours of delivery, the baby receives Hepatitis B Immune Globulin and the first dose of the Hep B vaccine series. The other two are given at one month and 6 months of age. When the child is 1 year old, a blood serology is done to determine the effectiveness of the prophylaxis. If there are adequate antibodies, the case is discharged. If there are insufficient antibodies, a booster dose is administered or the series is started again. This will prevent or minimize the child's chances of contracting Hep B. Public Health has an exciting role in the prevention of Hepatitis B transmission from mother to baby. Through educational efforts and prophylaxis, disease can be prevented.

IMMUNIZATION ACTION PLAN

The Immunization Action Plan began a new 5 year plan covering years 2013-2018. NYSDOH, CDC and LHD partner in reaching specific goals. LHD's will have to meet accountability standards each year. Emphasis will be placed on increasing immunization rates in the county. Focus for the 2014-2015 contract year was:

- 1.) To increase the percent of children that are up to date with recommended immunizations at 19 months old.
- 2.) To decrease the risk of cervical cancer by increasing the percentage of teens receiving the recommended three doses of HPV vaccine.
- 3.) To increase the percentage of adults who obtain recommended vaccines.

Specific required standards and activities will need to be carried out. Activities include the assessment of childhood, and teen vaccination rates at pediatric offices including a follow-up and education meeting, assessment of adult provider vaccination rates, mandated educational programs to providers, health care workers, and to minority groups such as pregnant women and college students. Outreach to all county schools and daycares for assistance with the new amendments to PHL 2164 was also recommended.

Warren County Public Health continues to have ninety minute clinics two times a week. VFC for children under age 19 is available as well as MMR vaccine for adults, for those who qualify. Families are encouraged to establish with a provider as soon as possible. Travel clinic is held once a week.

NYSDOH adult hepatitis program provides free vaccines for adults "at risk" of contracting hepatitis A or B, this is offered at the weekly STD/HIV Clinic.

Our goal is to increase vaccination rates across the life span, from infants to seniors, by providing vaccine education to the residents of Warren County. Table top programs, PSA's in newspapers and radio, as well as social media will also be utilized to meet the required NYSDOH activities.

TRAVEL CLINIC

The Travel Clinic held 43 clinics in 2014 saw 91 clients and administered 142 vaccines.

The Clinic continues to operate for two hours weekly on Wednesdays. Each appointment allows 45 minutes in consultation with the doctor and remaining time is used to receive the vaccine.

The clinic was able to realize a profit this year for these reasons:

1. Each vaccine given has a “mark-up” fee, (we gave 137 vaccines)
2. An administration fee is charged each client (we charged 87 clients an administration fee)
3. When no clients are on the schedule, Dr. Leach is notified and no consultation fees are paid.

Total Income

Administration Fees	\$2610
Vaccine “mark-up”	\$3425
Consultation Fee	\$6900
<hr/>	
Total	\$12, 935

Expenses

Dr. Leach Fees	\$6900
Paid to Nurse	\$1660
<hr/>	
	\$8560

We hope to continue the Travel Clinic but realize our limitations with one doctor and no “back – up”. Also, we are concerned that we have no plan for “follow-up” for our clients who return from traveling and develop travel related medical problems.

We are aware, in doing our planning, that prescriptions will soon be required to be electronically submitted. We know that this will be costly.

We are proud of our Travel Clinic and the service it offers. We have spoken to Senior’s regarding their planned trips and are considering offering health advice to schools planning school trips abroad.

The increase in use of our clinic is evidence that it is filling a need for the community. We hope to continue to fill this need.

INFLUENZA CLINICS

The role that Public Health plays in administering influenza vaccine continues to be uncertain. In 2014 Warren County ordered 1000 doses of flu vaccine, 500 doses of Quadrivalent and 500 doses of High-Dose for the over 65 population. When the season started we were told there was a manufacturing /production issue with the Quadrivalent Flu vaccine. It was decided to get the Multi-dose Trivalent Flu vaccines we would not have to reschedule any of our clinics.

This was a wise move, since we would have had to reschedule 4 weeks of clinics around the community due to delay in shipment. We held clinics at all of the senior meal sites as well as at all of the town halls. Publicized clinics were held at Warren County Public Health Office for the first 7 weeks of the season. We will review the clinic numbers from this year and schedule the 2015-2016 season accordingly.

The attendance at all of these clinics has declined in years past but seems to have stabilized somewhat. We will continue as we did last year and reevaluate it again after the 2015-2016 season. The challenge to Public Health is to know how much vaccine to have available, how much staff to schedule for clinics and exactly what is the role of public health in the changing world of vaccines.

For the 2015 season, we will again order the “high-dose” flu vaccine to administer to people over age 65.

Our goal for 2015-2016 is to encourage higher rates of influenza vaccine, regardless of where it is obtained and to promote the use of the Immunization registry (NYSIIS) by all parties involved.

INFLUENZA VACCINE ADMINISTRATION

	2009	2010	2011	2012	2013	2014
Clinics Offered Throughout the County	23	22	24	35	30	33
Vaccine Doses Administered at Clinics	2311	732	904	875	646	769
CHHA/Long Term Home Visits For Administration	81	33	63	42	47	20
Homebound Visits For Administration	9	7	0	5	7	3
Miscellaneous Administration i.e. PH Appointments And Other Home Visits	311	951	365	967	311	157
Total Doses Administered	2712	1723	1332	1889	1011	949

BLOOD PRESSURE CLINICS

Warren County Public Health Clinic Nurses serve 10 senior sites for Blood Pressure Clinics. They are at seven meal sites and coincide with the serving of the noon meal. Two are held at senior residences, i.e. Stichman, Cronin and the third Queensbury Town Center. We also did two additional clinics for local health fairs serving over 35 people.

Blood pressures are taken by the public health nurse and recorded on the clients chart. Often, the nurse had been seeing the client for many months so that she is able to observe changes in blood pressures, appearance and state of mind. A strong feeling of caring is developed between the nurse and the client which extends a level of trust. There are times when a client is advised to see their doctor immediately because of a dramatic change in blood pressure or because of a physical complaint that the client is hesitant to take to a doctor. These clinics have been very well received by the participants.

Partial reimbursement is received from Office for the Aging to compensate for the nurses time.

BP Clinic Site	2010	2011	2012	2013	2014
Bolton Meal Site	62	63	67	46	50
Chester Meal Site	45	87	96	65	69
Cronin HighRise	91	105	92	93	84
Johnsburg	83	113	95	106	80
L.Luzerne Meal Site	105	133	109	135	95
Presb. Church (GF)	77	64	79	63	51
Queensbury Center	78	98	114	134	77
Solomon Heights	82	94	73	74	38
Stichman Towers	60	48	51	67	52
Warrensburg	78	80	84	55	62
TOTALS:	761	885	860	838	658

EAST SIDE CENTER OF WARREN WASHINGTON COUNTIES MENTAL HEALTH ASSOCIATION

Warren County Public Health Nurses are an integral part of the schedule of the participants of East Side Center.

Each Friday, a public health nurse from Warren County goes to the Center to meet with clients, to talk with them individually, to take their blood pressures and to weigh them. The professional relationship between the nurses and the clients is beautiful and very rewarding to the nurses. There is a feeling of trust between the client and the nurse and they appreciate the chance to discuss their weight concerns and other health issues. The nurses encourage proper health care and follow up with their health care providers. She also reinforces the importance of taking their medications as prescribed. The nurses have been as asset to the staff at the Center on several occasions, when they had a medical event.

The nurses see between 10 – 15 clients each week and are pleased that the Center values their visits so much that they are willing to help contribute to their costs to Warren County.

QUALITY ASSURANCE

Public Health has a three level Quality Assurance Program.

- Level 1 utilizes the standard Chart Component List. Staff ensures the charts are complete prior to discharge. The Assistant Director monitors a random sample to ensure charts are complete at discharge
- Level 2 utilizes peer input with the intention of sharing creative interventions amongst staff and streamlining documentation.
- Level 3 utilizes subjective input from community referral sources on appropriateness of services and care rendered to families.

2014 UR Committee members:

Thank you all for your participation and dedication to Public Health

Mary Anne Allen PNP, Moreau Family Health	Ginelle Jones RN, MSN FNP Assistant Director Public Health
Patty Myhrberg PHN, Child Find Program	Dr. Dan Larson , Medical Director, Provides Oversight to QA/UR Program
Pat Belden PHN, Communicable Disease	Toni Roth , WIC Coordinator
Stacie Dimezza SLP, Glens Falls Rehabilitation Center at GFH	Maureen Schmidt CS, Supervisor Preventive Services, DSS
Kim Flory , Care Management Glens Falls Hospital	Alley Whitmore , Health Center Manager
Patty Hunt , DPH Washington County Public Health	

** Congratulations to Maureen Schmidt, who was appointed DSS Commissioner. Many thanks for her devoted and dedicated service to the UR Committee.

QUALITY ASSURANCE

Charts Reviewed in 2014

Meeting Date	MOMS	MCH	Synagis	Child Find	Other Health Supervision
03/12/14	5	15	4	0	5
06/11/14	4	10	6	0	3
09/10/14	5	10	0	0	3
12/10/14	No meeting in December				
Total	14	35	10	0	11

Summary of Findings: Appropriate

70 charts were reviewed. All deemed appropriate, however there were a few incidents where there were omissions. None of the findings were thought to impact patient care. The documentation in the charts has significantly improved throughout the years.

Strengths:

- Staff persistence in locating and contacting clients
- Education and coordination with other agencies.
- Good resource to clients

Areas Needing Improvement:

1. Although no areas were identified. Encourage staff to continue to follow up with concerns from previous visits.
2. Insurance – continue to work on pre-authorization issues.

Summary of Recommendations – Continue practice of good documentation.

Additional Activities

1. Consultants – Annual audits by record and pharmacy consultants. (Records – 3/14/14, Pharmacy – 07/29/14)
2. Medical Director – Provides overall oversight to QA program and completes peer reviews to medical providers in STD/Travel programs.
3. Satisfaction Questionnaires – Clients and providers complete annual questionnaires. No concerns reported.
4. Logs:
 - General Complaints – none received
 - HIPAA/FERPA Complaints – none received
 - Fire/Disaster Drills – 4 fire drills, 1 actual fire alarm, 1 lockdown drill, 1 duck and cover drill.
 - Accident/Incident Reports 4, all reviewed to ensure any hazards are rectified.

2015 GOALS

1. Continue with the current QA Program- It appears to be working.
2. Continue to encourage staff to assist with annual review of policies and procedures.
3. Continue to focus on program QA reports of Logs, Incident Reports/STD/Travel/CDC/WIC.
4. Start to focus and incorporate UR Committee in strategic planning process.

CONTINUING CHALLENGES FOR WARREN COUNTY HEALTH SERVICES IN 2015

Our mission remains helping people to help themselves - to make a difference in the human condition. This is not an easy task. We realize gains may be slow, unpredictable, and not often immediately visible or measurable.

Our challenge for 2015 will be to continue to plan and deliver programs that do not serve abstract purposes but are tangible and reach out to individuals, families, neighborhoods, and institutions at the community level. Through collaboration with many multidisciplinary service providers we seek to foster personal responsibility - not dependency on others. We know, however, various strategies must be constantly employed to assist and educate people with many diverse health care needs and agendas. We will continue to expand and utilize technology to optimize patient health outcomes, prevent and/or reduce the number of unnecessary hospitalizations, and use our nursing and support staff time more efficiently.

In the Public Health and Home Care arena the mission remains consistently identifiable and visible: to assure Warren County residents are protected from all undue risks of contracting communicable or vaccine preventable diseases and, in conjunction with other service providers, to recognize and design intervention strategies targeted to impact social concerns that ultimately affect public health and to provide home health care that assists our citizens to manage many health problems and diagnoses. As well, the need cannot be overstated for increasing collaboration between human service provider agencies and medical care providers to obtain the most appropriate and cost effective use of resources.

For further information or questions regarding the
Warren County Health Services
Annual Report:

1-800-755-8102

or

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